



THE JOHNS HOPKINS HOSPITAL
Department of Radiology
Division of Nuclear Medicine
(410) 955-4100 Scheduling

STAMP PATIENT'S IDENTIFICATION OR PRINT CLEARLY

Nursing Unit Clinic

Birth Date

J.H.H. History Number

Patient's Name (LAST, FIRST, M.I.)

1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	<input type="checkbox"/> Routine <input type="checkbox"/> ASAP	DATE		
<input type="checkbox"/> Allergic to Drugs	<input type="checkbox"/> On isolation	LMP	<input type="checkbox"/> Pregnant	Unable to Walk <input type="checkbox"/> Stand <input type="checkbox"/>
Attending Physician & M.D. #		Ordering Physician (Print)		
Ordering Physician Signature	Doctor Number	Phone or Beeper	ICD-9 CODES	

NUCLEAR MEDICINE EXAMINATIONS (✓)CHECK EXAMINATIONS REQUESTED

Transported to Nuclear Medicine Department By: **Wheelchair** **Stretcher**

CLINICAL DX/RELEVANT FINDINGS:

Purpose of Study:

Head & Neck

- | | | |
|--|--|---|
| <input type="checkbox"/> Brain Perfusion SPECT | <input type="checkbox"/> CSF Leak with Lumbar Puncture | <input type="checkbox"/> Thyroid Uptake 123- I |
| <input type="checkbox"/> CSF Shunt Patency | <input type="checkbox"/> Thyroid Metastases Imaging 123- I | <input type="checkbox"/> Thyroid Uptake & Scan 123- I |
| <input type="checkbox"/> Cisternogram with Lumbar Puncture | <input type="checkbox"/> Thyroid Metastases Imaging 131- I
(Post RX) | <input type="checkbox"/> Parathyroid SPECT |

Chest/ Heart

- Ventilation/ Perfusion
 - Quantatative
- Myocard. Perfusion
Stress & Rest
 - Exercise
 - Pharmacologic
- Myocard Perfusion-
Rest Only
- Resting MUGA

Abdomen / Pelvis

- Hepatobiliary Imaging
Gallbladder Present
- Hepatobiliary Imaging
Gallbladder Absent
- Gastric Empty **Solid**
- Gastric Empty **Liquid**
- Gastric Empty **Solid/
Liquid Combined**

- GI Bleeding
- Adrenal Imaging
123 I MIBG
- Prostate Imaging
111- In Prostscint
- NeuroEndocrine
111-In Octreoscan
- Renal Scan
- Renal Scan with
Diuretic
- Renal Cortex
DMSA
- Nuclear VCUG

Bone/ Skeletal

- Bone Scan Whole Body
- Bone Scan 3 Phase
Area _____
- Bone SPECT
Area _____
- DEXA Scan (Spine& Hip)
- DEXA Scan (Forearm)
- DEXA Scan (Wholebody)
- Infection**
- White Blood Cell Imaging
- Gallium Imaging
- Invitro**
- Plasma Volume
- Red Cell Volume
- Glomerular Filtration
Rate

Other

- Lymphoscintigraphy
Area _____
- Sentinel Node Localization
Area _____
- Other Examinations Requested

- Therapy- Consult
required**
- Radionuclide Bone Pain Therapy
(Samarium)
- Radioimmunotherapy (Bexxar or
Zevalin)
- Radioactive Iodine Treatment
 - Thyroid Cancer
 - Hyperthyroid treatment

*****SEE SEPERATE REQUISITION FOR PET/CT REQUESTS**