NUCLEAR CARDIOLOGY ORDER FORM

Patient Name: ____________________________________________    Patient Phone Number: ____________________________
Address: _________________________________________________________________________    DOB: ___________________
MRN: ___________________________    Physician: _____________________________    Date of Service: __________________
Office contact person: _______________________________________    Phone Number: _______________________________

Please make sure that all order requirements are met before sending order or scheduling patients.

ORDER FORM REQUIREMENTS
☐ Patient & physician information is clearly legible
☐ Test type & diagnosis are clearly selected
☐ Attach your most recent clinic note so that we can best serve your patient
☐ Make certain that TKC Nuclear Cardiology Prep instructions are given to the patient
☐ Fax or email this order form to Medicine Scheduling (Fax 205.801.8107, Email domoutsiderorders@uabmc.edu)
☐ Schedule the patient via Medicine Scheduling by calling 205.801.5655
☐ Patient weight _____________________________
   (If your patient is over 350 pounds, please contact UAB Nuclear Medicine at 205 975-8326 for scheduling.)

ORDERABLE STUDIES
☐ Myocardial Perfusion Stress Study
   ☐ Exercise (Treadmill) (GMI)
   ☐ Chemical (Regadenoson or Dobutamine) (LEX)
☐ MUGA Resting Equilibrium Radionuclide Angiogram (MUG)
☐ Cardiac Amyloid Study (Tc-99m PYP Imaging) (CAS)
☐ Myocardial Viability Study (VIA)
☐ Myocardial Perfusion Resting Study (PRO)
☐ GXT without Imaging (GXT)
☐ Cardiopulmonary Stress Test
   ☐ Metabolic Stress Test (MST)-Cardiology
   ☐ Pulmonary Gas Exchange (PGE)-Pulmonary
   (Fax order form to 205-801-8231. Click here for form.)

DIAGNOSIS
☐ Abnormal EKG    ☐ CHF new onset
☐ Ventricular Tachycardia    ☐ Ischemic Heart Disease
☐ Chest Pain    ☐ Myocardial Infarction History
☐ Shortness of Breath    ☐ Post CABG
☐ Syncope    ☐ Post CABG greater than 5 years
☐ Chest Tightness    ☐ Post CABG with incomplete revascularization
☐ Coronary Artery Disease    ☐ Preop Liver/Kidney Transplant
☐ Asymptomatic with high CAD risk    ☐ Preop Surgery
☐ Asymptomatic with high calcium score    ☐ Abnormal Treadmill Stress Test
☐ Cardiomyopathy    ☐ Other: __________________________________________
☐ CHF

__________________________________________________    _________________________________________
Physician/Provider Signature       Date

CARDIOVASCULAR INSTITUTE