

# 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

<input type="checkbox"/> <b>Myocardial Perfusion Stress Study</b> <input type="checkbox"/> Exercise (Treadmill) (GMI) <input type="checkbox"/> Chemical (Regadenoson or Dobutamine) (LEX)	<input type="checkbox"/> <b>Cardiopulmonary Stress Test</b> <input type="checkbox"/> Metabolic Stress Test (MST)-Cardiology <input type="checkbox"/> Pulmonary Gas Exchange (PGE)-Pulmonary (Fax order form to 205-801-8231. <a href="#">Click here</a> for form.)
<input type="checkbox"/> <b>MUGA Resting Equilibrium Radionuclide Angiogram (MUG)</b>	
<input type="checkbox"/> <b>Cardiac Amyloid Study (Tc-99m PYP Imaging) (CAS)</b>	<input type="checkbox"/> <b>Myocardial Viability Study (VIA)</b>
<input type="checkbox"/> <b>Myocardial Perfusion Resting Study (PRO)</b>	<input type="checkbox"/> <b>GXT without Imaging (GXT)</b>

## DIAGNOSIS

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

\_\_\_\_\_  
Physician/Provider Signature

\_\_\_\_\_  
Date