



CANNON
MEMORIAL HOSPITAL
434 Hospital Drive
Linville, NC 28646

. indicates service not provided @ CMH*

WATAUGA
MEDICAL CENTER
336 Deerfield Road
Boone, NC 28607

SCHEDULING PHONE:

(828)268-9037

SCHEDULING FAX:

(828)268-9046

REQUEST FOR NUCLEAR MEDICINE SERVICES

PATIENTS MUST BRING THIS FORM WITH THEM. THIS FORM MUST BE COMPLETED, SIGNED BY THE PHYSICIAN, AND PRESENTED TO THE HOSPITAL OUTPATIENT REGISTRATION DESK PRIOR TO ANY TEST BEING PERFORMED.

Patient Name: _____ (F) _____ (M) _____ (L)

Phone # : _____ (Home) _____ (Work)

If female, pregnant? Yes No (**CHECK ONE***) Date: ____/____/____

Pertinent Lab Results: PT/INR: _____ PTT: _____ Date: ____/____/____

COMPLETE PROVIDER NAME

Ordering MD: _____ (F) _____ (L)

MD Address: _____

MD Phone: _____ MD Fax: _____

Physician Signature: _____	Date: _____
Time: _____	

Date of Exam: _____ Time of Exam: _____ PreCert#: _____

Prep Instructions Given: Yes No

Services requested must include an ICD-10# and the detailed description for each exam requested.

CPT	REGION	ICD-10#
ABDOMEN		
78227	Biliary (HIDA) w/ pharmaceutical (E/F)	
78226	Biliary (HIDA)	
78278	GI bleed study	
78290	Meckles scan	
78708	Renal w/ pharmaceutical Capatril or Lasix	
78707	Renal w/o pharmaceutical	
CHEST		
78579/ 71020	Lung ventilation image Chest front & lateral	
78580/ 71020	Lung scan perfusion Chest front & lateral	
78582 /71020	Lung scan ventilation & perfusion/ Chest front & lateral	
78579 / 71020	Lung scan ventilation image/ Chest, front & lateral	
78472	MUGA (resting)	
78451	Myocardial perf stress or rest	
78452	Myocardial perf stress & rest Technetium/Thallium/ (circle one)	
78597	Quant. Diff. Pulmonary Perfusion Imaging	
78598	Quant. Diff. Pulmonary Perfusion & Ventilation Imaging	

CPT	REGION	ICD-10#
THYROID		
78012	Thyroid uptake and scan	
78013	Thyroid scan	
78014	Thyroid uptake & scan	
78018*	Thyroid scan (whole body)*	
79005*	Thyroid ablation (initial)*	
79005*	Thyroid therapy (for mets)*	
BONE		
78300	Bone scan, regional	
78306	Bone scan, total body	
78315	Bone scan, 3 phase	
78320	Bone scan, SPECT	
MISC		
78806	Local inflammatory process (body)	
78805	Local inflammatory process (limited)	
78660	Dacryoscintigram	
78195	Lymphoscintigraphy (sentinel)	
78761	Testicular	
J1642	Port access with Heparin	
OTHER (CPT, REGION, & ICD-10 # REQUIRED*)		

*****Submit pertinent films from outside the facility prior to these procedures. Note: If lab work is required (i.e. cytology), please indicate preference below. Labs are not performed unless requested by ordering physician.**

Please provide description of the ICD- 10 codes here:

Additional Info for Radiologist:
