Trinity Health
Grand Haven

NUCLEAR MEDICINE
Outpatient Order Form
Phone: (616) 844-4800
Fax: (616) 844-4801

(First Name) (MI) (Last Name)

(Date of Birth (Primary Phone Number)

ICD-10 Diagnosis Codes & Clinical Symptoms: _____

_____

Encounter: ❑ Initial ❑ Subsequent ❑ Sequel **Condition**: ❑ Chronic ❑ Acute

Injury? ❑ Yes ❑ No Location of Injury: _____ Where did injury occur (home, work, etc.)? _____

Date of injury: _____ Type of injury (accidental, intentional, assault, etc.): _____

Cause of injury: _____

Laterality: ❑ Left ❑ Right Digit: _____

Do you have cancer? ❑ Yes ❑ No If yes, ❑ Primary ❑ Secondary

AUC INFORMATION
Vendor or G-Code _____
Order ID _____
Appropriateness _____
Modifier _____

NUCLEAR MEDICINE					
❑ Thyroid uptake & scan	78012	❑ Bone Scan Whole body	78306	❑ Renal Single	78707
❑ Thyroid imaging	78013	❑ Bone Scan 3 phase (infections/osteomyelitis)	78315	❑ Renal Single w/ Lasix	78708
❑ Liver SPECT	78205	❑ Bone SPECT	78320	❑ Renal Multiple	78709
❑ Liver hemangioma	78206	❑ Myocardial Perfusion*	78452	❑ Parathyroid Scan	78803
❑ HIDA	78227	❑ MUGA	78473	❑ White blood cell ceretec limited	78805
❑ Gastric emptying	78264	❑ Quantitative lung	78598	❑ White blood cell ceretec whole body	78806
❑ Bone Scan Limited	78300	❑ Lung Perfusion w/ Ventilation	78582	❑ Graded Exercise Test (GXT)	93015

***We kindly ask for 24 hour notice if you do not intend on participating in a pharmacologic stress test. Failure to do so will result in a charge for the radioactive material.**

Provider Signature: _____ **Date:**_____ **Time:** _____

Visit www.noch.org for easy-to-understand, downloadable instructions about your exam.