



Western Maryland Health System
Department of Imaging Examination Order Form

Centralized Scheduling: (240)964-8888 Toll Free: (866)369-1122

Appointment Date: _____ Time: _____ AM/PM
[] Western Maryland Regional Medical Center
12500 Willowbrook Road
Cumberland, MD 21502

PATIENT NAME:

DOB/AGE: Sex: []M []F Pregnant? []Yes []No

DAYTIME #

EVENING#

[]STAT []Routine

PLEASE OFFER Narrative Diagnosis and Symptoms

Referring Physicians Signature:

Date:

NUCLEAR MEDICINE

- 78315 Bone Scan 3 Phase
- 78306 Bone Scan Whole Body
- 78226 Hepatobiliary Scan
- 78227 Kinevac Hepatobiliary Scan
- 78472 Muga Single W/Eject. Fraction
- 78709 Renal/Captopril/Vasc.Flow
- 78708 Renal/Lasix
- 78452 Stress Myocardial Perfusion
- 79005 Thyroid Ablation
- 78006 Thyroid Scan W/Uptake
- 78018 Thyroid Whole Body
- 78582 Ventilation/Perfusion Lung

PRE-Ablative Therapy Instructions

This is for female patients of childbearing age (13 yrs - 55 yrs) so they will need an initial BETA HCG pregnancy test obtained; and ten days later a second BETA HCG pregnancy test obtained. The results of each BETA HCG test needs to be received by the WMHS Nuclear Medicine Service.

Note: Must be performed for all patients with Thyroid cancer prior to ablative studies.