

Date:	Patient ID#:	Physician's Name:
Patient Name:	Patient Phone:	Physician's Phone:
Patient DOB:	Patient Email:	Physician Fax/Email:
<b>Clinical Findings/Diagnosis:</b>		<b>Physician Signature:</b>

\* If you are pregnant, please notify the scheduler so that we can verify with the radiologist that you can proceed with your exam.  
 \* Please arrive 30 minutes prior to your exam  
 \* Please contact our office at 281-453-7470 if you have any questions or to cancel or reschedule.

### Nuclear Cardiology Stress Testing

Patient able to walk       Patient unable to walk

Diagnosis			
<input type="checkbox"/>	Old Myocardial Infarction	<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Angina	<input type="checkbox"/>	Chest Pain
<input type="checkbox"/>	Coronary Atherosclerosis	<input type="checkbox"/>	Abnormal EKG
<input type="checkbox"/>	Mitral or Pulmonary Valve Disorder	<input type="checkbox"/>	Post Coronary Bypass
<input type="checkbox"/>		<input type="checkbox"/>	Proxysmal Supraventricular Tachycardia
<input type="checkbox"/>		<input type="checkbox"/>	Proxysmal Ventricular Tachycardia
<input type="checkbox"/>		<input type="checkbox"/>	Valve Replacement
<input type="checkbox"/>		<input type="checkbox"/>	Abnormal Function Study of Cardiovascular System

#### Pulmonary Function Test

94620 Pulmonary Stress Test w/ Oximetry (only with stress test). Patient able to walk on treadmill.

<input type="checkbox"/>	Simple Chronic Bronchitis	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	Diagnosis of COPD	<input type="checkbox"/>	Emphysema
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diagnosis of bronchitis	<input type="checkbox"/>	
<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	

\*\*\* Patient prep for CARDIAC STRESS TEST ONLY \*\*\*

- > **HOLD ALL MORNING MEDICATIONS** including Toporol, Rhythmol, Zestril, Pacerone and Verapamil (bring your medications with you).
- > **NO CAFFEINE OR DECAFFEINATED PRODUCTS 24 HOURS PRIOR** to your scheduled appointment. This includes coffee, tea, soda, chocolate or chocolate milk.
- > **WEAR COMFORTABLE CLOTHING AND SHOES** suitable for exercise.

### Other Nuclear Scan (non-cardiac)

<input type="checkbox"/>	78223 HIDA Scan	Patient Prep: Nothing to eat or drink 4 hours prior to scan. Scan takes approximately 1 1/2 hours.
<input type="checkbox"/>	78223 HIDA Scan with Kinevac	Patient Prep: Nothing to eat or drink 4 hours prior to scan. Scan takes approximately 1 1/2 hours.
<input type="checkbox"/>	78300 Bone Scan Limited to (Specify area to be scanned):	Patient Pre: Drink plenty of fluids post injection. Injection takes 5-10 minutes. Patient will come back 3 hours later for actual scan. Drink plenty of fluids prior and during the procedure.
<input type="checkbox"/>	78306 Bone Imaging Whole Body	Patient Prep: Drink plenty of fluids post injection. Injection takes 5-10 minutes. Patient will come back 3 hours later for actual scan. Drink plenty of fluids prior and during the procedure.
<input type="checkbox"/>	78006 Thyroid Scan	Patient Prep: Do not take any thyroid medications 4 weeks prior to exam. No contrast exams 4 weeks prior. Scan takes approximately 1 hour.
<input type="checkbox"/>	Thyroid Uptake/Scan-I 123	Patient Prep: Discontinue thyroid medications 6 weeks prior. No contrast exams 4 weeks prior to exam. Patient will be given a Radioactive Iodine capsule which takes approx. 5 minutes. Patient returns approx. 4-6 hours later for the uptake procedure, and scan with additional radioactivity.
<input type="checkbox"/>	Gastric Emptying	Patient Prep: Nothing to eat or drink 4 hours prior to scan. Scan takes approximately 1 1/2 hours.
<input type="checkbox"/>	GI Bleed	Patient Prep: No Prep. Scan takes approximately 2 1/2 hours.
<input type="checkbox"/>	Renal with Lasix	Patient Prep: Drink plenty of fluids prior to exam. Discontinue any ACE inhibitor medication. Scan takes approx. 1 hour.
<input type="checkbox"/>	Parathyroid	Patient Prep: Discontinue thyroid medication 2 weeks prior. Drink plenty of fluids prior to exam. Injection/scan takes approx. 45 minutes. Patient returns approx. 3 hours later for an additional scan.
<input type="checkbox"/>	Bone Scan Spect	Patient Prep: Drink plenty of fluids post injection. Scan takes approx. 1 hour.
<input type="checkbox"/>	Liver/Spleen	Patient Prep: No Prep. Scan takes approximately 1 hour.
<input type="checkbox"/>	Triple Phase Bone Scan	Patient Prep: Drink plenty of fluids prior to exam. Injection/Scan takes 30 minutes. Patient will come back 3 hours later for an additional scan. Drink plenty of fluids prior and during the procedure. Scan takes approx. 1 1/2 hours. Schedule as 3 Phase Bone Scan
<input type="checkbox"/>	MUGA	Patient Prep: No prep. Patient can eat and drink as usual.
<input type="checkbox"/>	Tagged WBC Scan	Patient Prep: No Prep. Patients blood drawn in the AM. Patient returns approx. 6 hours later for injection and scan. Scan takes approx 45 minutes.

\*\*\* OFFICE POLICY FOR NON CARDIAC STRESS TEST \*\*\*

There is a \$150.00 deposit required to schedule your procedure. This deposit covers the cost of medication that will be ordered for your specific test and is not billable to your insurance unless the procedure is performed.

This deposit will be kept ONLY if you, or your authorized representative, do not notify our office at least 48 hours in advance to cancel or reschedule the above appointment.

Our office will verify your benefits and pre-certify this test with your insurance company prior to testing being performed. We will notify you of your co-insurance portion.