



<p>Nuclear Medicine</p>	<p>Admin I-131</p> <ul style="list-style-type: none"><li><input type="radio"/> Ablation</li><li><input type="radio"/> Therapy hyperthyroidism</li><li><input type="radio"/> Therapy metastasis</li></ul> <p>Bone Scan (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> Whole</li><li><input type="radio"/> 3 Phase</li><li><input type="radio"/> Limited</li><li><input type="radio"/> Multiple</li></ul> <p>Brain scan complete with vascular flow</p> <p>CSF</p> <ul style="list-style-type: none"><li><input type="radio"/> Cisternogram</li><li><input type="radio"/> Leak Detection</li><li><input type="radio"/> Shunt Evaluation</li><li><input type="radio"/> Ventriculogram</li></ul> <p>Gastric Emptying</p> <p>GI Blood loss</p> <p>HIDA</p> <ul style="list-style-type: none"><li><input type="radio"/> With Ejection Fraction</li></ul> <p>Kidney Function - Renal Scan (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> W/ Lasix</li><li><input type="radio"/> W/O Lasix</li></ul> <p>Lung ventilation perfusion</p> <ul style="list-style-type: none"><li><input type="radio"/> Perfusion only</li></ul> <p>Meckel's diverticulum</p> <p>Multi-Gated Acquisition Scan (MUGA)</p> <p>Myocardial Perfusion (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> Pharmacologic</li><li><input type="radio"/> Exercise with Lexiscan if necessary</li></ul>	<p>NOTE: Nuclear Medicine studies are not complete Ashland.</p> <p>NOTE: If ordering a Myocardial Perfusion with Exercise please include an order for SCREENING SARS-CoV-2/ASYMPTOMATIC UNEXPOSED.</p>
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	<p>Octreotide whole body loc 2 day</p> <p>Thyroid Uptake and Scan</p> <p><input type="radio"/> Thyroid uptake multiple only</p> <p>Parathyroid Scan</p> <p><input type="radio"/> w/SPECT</p> <p>Peritoneal venous shunt</p> <p>Salivary Gland</p> <p>Sentinel node</p> <p><input type="radio"/> Location</p> <p>Thallium rest myocardial</p> <p>Thyroid cancer metastatic scan (select one below)</p> <p><input type="radio"/> Whole Body</p> <p><input type="radio"/> Limited</p> <p>Tumor/abscess Localization planar (select one below)</p> <p><input type="radio"/> WholeBody</p> <p><input type="radio"/> 2 Areas</p> <p><input type="radio"/> SPECT</p> <p>Tumor localization (select one below)</p> <p><input type="radio"/> Multiple</p> <p><input type="radio"/> PYP heart</p> <p><input type="radio"/> SPECT</p> <p><input type="radio"/> Whole Body</p> <p><input type="radio"/> WB + 2 days</p> <p>Other (specify)</p>	
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PATIENT LABEL
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