NUCLEAR CARDIOLOGY ORDER FORM

Patient Name: _____ Patient Phone Number: _____

Address: _____ DOB: _____

MRN: _____ Physician: _____ Date of Service: _____

Office contact person: _____ Phone Number: _____

Please make sure that all order requirements are met before sending order or scheduling patients.

ORDER FORM REQUIREMENTS

- ☐ Patient & physician information is clearly legible
- ☐ Test type & diagnosis are clearly selected
- ☐ Attach your most recent clinic note so that we can best serve your patient
- ☐ Make certain that TKC Nuclear Cardiology Prep instructions are given to the patient
- ☐ **Email or fax this order form to Medicine Scheduling (domoutsideorders@uabmc.edu, 205.801.8107)**
- ☐ Schedule the patient via Medicine Scheduling by calling 205.801.5655
- ☐ Patient weight _____
  (If your patient is over 350 pounds, please contact UAB Nuclear Medicine at 205.975.8326 for scheduling.)

ORDERABLE STUDIES

☐ **Myocardial Perfusion Stress Study** ☐ Exercise (Treadmill) (GMI) ☐ Chemical (Regadenoson or Dobutamine) (LEX)	☐ **Cardiopulmonary Stress Test** ☐ Metabolic Stress Test (MST)-Cardiology ☐ Pulmonary Gas Exchange (PGE)-Pulmonary (Fax order form to 205.801.8231)
☐ **MUGA Resting Equilibrium Radionuclide Angiogram (MUG)**	
☐ **Cardiac Amyloid Study (Tc-99m PYP Imaging) (CAS)**	☐ **Myocardial Viability Study (VIA)**
☐ **Myocardial Perfusion Resting Study (PRO)**	☐ **GXT without Imaging (GXT)**

DIAGNOSIS

☐ Abnormal EKG	☐ CHF new onset
☐ Ventricular Tachycardia	☐ Ischemic Heart Disease
☐ Chest Pain	☐ Myocardial Infarction History
☐ Shortness of Breath	☐ Post CABG
☐ Syncope	☐ Post CABG greater than 5 years
☐ Chest Tightness	☐ Post CABG with incomplete revascularization
☐ Coronary Artery Disease	☐ Preop Liver/Kidney Transplant
☐ Asymptomatic with high CAD risk	☐ Preop Surgery
☐ Asymptomatic with high calcium score	☐ Abnormal Treadmill Stress Test
☐ Cardiomyopathy	Other: _____
☐ CHF	_____

_____ _____

Physician/Provider Signature Date