



Woodburn Nuclear Medicine Metro Region PET Center

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Nuclear Medicine Referral Form

Call Stat Report Fax Report Phone Report Patient to Return with Films

Patient's Name:		Patient's Phone:	Date of Birth:	Sex:	Appointment Time & Date:
Referring Physician's Name:			Physician's Signature:		Physician's Phone/Fax: P: F:
Physician's Address:					
Diagnosis (Reason for Testing / Comments / Special Remarks):					

IF YOUR TEST IS FOLLOWED BY AN ASTERISK (*), PLEASE REFER TO THE BACK FOR ADDITIONAL INFORMATION/INSTRUCTIONS.

Bone*

- Whole Body Bone Scan
- 3-Phase Bone Scan
Specify Area: _____
- Bone SPECT Scan
- Indium 111 WBC Scan/Bone Marrow

Cardiac

- Myocardial Perfusion Imaging (MPI)*
Specify Stress Method:
 Lexiscan (Regadenoson)
- Adenosine
- Dobutamine
- Treadmill
- MUGA*
- First Pass Study

CNS*

- DaTscan

Endocrine*

- Thyroid Scan and Uptake (I-123)
- I-123 Whole Body Scan
 Thyrogen Withdrawal
- Parathyroid (Sestamibi) Scan
- I-131 Therapy Hyperthyroidism
- I-131 Therapy Ablation**** (See Below)
- I-123 MIBG Adrenal Scan

Gastrointestinal*

- Hepatobiliary Scan (HIDA)
- Hepatobiliary Scan with CCK
- Liver/Spleen Scan
- Hemangioma Study
- Meckel's Diverticulum Scan
- Gastric Emptying Study

Pulmonary*

- Lung V/Q Scan
 - Lung Quantitative Scan
- Genitourinary**
- Renal Scan*
 - Renal Scan with Lasix*
 - Renal Scan with Captopril*

Miscellaneous*

- Gallium Scan
- Octreoscan (In-111)
- PET/CT
Specify: _____
- Other: _____

** For **I-131 Therapy Ablation**, please have nuclear medicine physician call to discuss I-131 dose. Yes No

Please administer _____ mCi of I-131 ablation dose.

Please administer appropriate dose for patient pathology and age.

CT Scan

PLEASE FORWARD ALL DIAGNOSTIC IMAGING REPORTS FROM THE PAST 12 MONTHS THAT PERTAIN TO THE PATIENT'S DIAGNOSIS.
CT SCAN WITH CONTRAST; BUN & CREA LAB VALUES, OBTAINED WITHIN THE PAST 30 DAYS, ARE REQUIRED FOR ALL PATIENTS OVER 50 YEARS OF AGE.
OUR FACILITY USES ONLY NON-IONIC CONTRAST.

Head

- Brain

Spine

- Cervical Spine
- Thoracic Spine
- Lumbar Spine

Body

- Neck
- Chest
- Abdomen
- Pelvis

Extremities

- Upper Extremity
 Left Right
- Lower Extremity
 Left Right

Contrast Please choose from the following:

- With Contrast IV Oral
- Without Contrast
- With & Without IV Contrast
- Known IV Contrast Allergy? Yes No