



# Woodburn Nuclear Medicine Metro Region PET Center

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## Endocrine Referral Form

Call Stat Report     Fax Report     Phone Report

Patient's Name:	Patient's Phone:	Date of Birth:	Sex:	Appointment Date & Time:
Referring Physician's Name:		Physician's Signature:		Physician's Phone/Fax: P: F:
Physician's Address:				

Diagnosis (Reason for Testing / Comments / Special Remarks):

Please check (✓) all that apply.

### For Thyroid Cancer Patients:

- Thyrogen or  T4 Withdrawal
- Day 1 and Day 2 Thyrogen injections at Woodburn
- I-123 Whole Body Scan with I-131 Ablation to follow
- I-123 Whole Body Scan (Scan Only)
- I-131 Treatment Only (High Dose for Thyroid Cancer) with Post-Ablation Scan

- I-123 Thyroid Scan and Uptake
- I-131 Treatment (Hyperthyroidism)
- Parathyroid (Sestamibi) Scan
- In-111 Octreoscan (In-111)
  - I-123 MIBG Adrenal Scan
  - Other: \_\_\_\_\_

### Miscellaneous:

- PET/CT  
Specify: \_\_\_\_\_

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 & eGFR LAB VALUES, OBTAINED WITHIN THE PAST 30 DAYS, ARE REQUIRED FOR ALL PATIENTS OVER 60 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