



Place Patient Label
Inside This Box

Physicians Order for Nuclear Medicine
– Moore Campus
Page 1 of 1

7042.03.15896.07.moore Sunset Date: 1/2023

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone: (Home)	(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#	Physician Fax#:	Print Name of Physician:		

Physician Signature (Required) _____ **Date/Time (Required):** _____

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM

Decision Support (AUC) Effective Jan. 1, 2023, PAMA Mandate requirements. **Please provide information below.**

Session ID: _____ Score: _____ Vendor/G-Code: _____ Adherence: Yes No NCA (No Criteria Avail)
 Hardship Exception: Emergent Medical Condition No Internet No HER/qCDSM or Technical Issue Uncontrollable Circumstances Missing Info

CHECK PROCEDURE AND INSERT ICD-10 CODE

Nuclear Medicine		CPT	DX CODE	Nuclear Medicine		CPT	DX CODE
<input type="checkbox"/>	Biliary Scan w/ Pharm	78227		<input type="checkbox"/>	Myocardial Perf Panel (Cardiolite)	78452	
<input type="checkbox"/>	Biliary Scan w/o Pharm	78226			Select One: <input type="checkbox"/> Treadmill <input type="checkbox"/> Pharmacologic		
<input type="checkbox"/>	Bone/Joint Scan 3 Phase	78315		<input type="checkbox"/>	Renal Scan wo Pharm Single Study	78707	
<input type="checkbox"/>	Bone/Joint Whole Body Scan	78306		<input type="checkbox"/>	Renal scan w/Lasix Single Study	78708	
<input type="checkbox"/>	Bone/Joint Limited Scan	78300		<input type="checkbox"/>	Rest MUGA Cardiac Scan	78472	
<input type="checkbox"/>	Cisternogram	78630		<input type="checkbox"/>	Therapy Oral Radioiodine I-131	79005	
	Also order: XR Lumbar/Sacral Inject	62311		<input type="checkbox"/>	Thyroid Scan w/wo Vsclr Flow	78013	
<input type="checkbox"/>	Cisternogram with L P for CSF testing	78630		<input type="checkbox"/>	Thyroid Scan w/Uptake	78014	
	Also order: XR Lumbar Puncture (Specify Labs for CSF in comments)	62270		<input type="checkbox"/>	Iodine Scan Whole Body <input type="checkbox"/> I-123 <input type="checkbox"/> I-131	78018	
<input type="checkbox"/>	Gastric Emptying	78264		<input type="checkbox"/>	Tumor Imaging Total Body 2+ days	78804	
<input type="checkbox"/>	Liver Spect/Hemangioma	78205			<input type="checkbox"/> Octreoscan <input type="checkbox"/> Gallium		
<input type="checkbox"/>	Liver Spleen Scan	78215		<input type="checkbox"/>	Tumor Localization Limited	78800	
<input type="checkbox"/>	Lung Scan Perfusion	78580			<input type="checkbox"/> Octreoscan <input type="checkbox"/> Gallium		
<input type="checkbox"/>	Lung Quant Diff Perfusion	78597		<input type="checkbox"/>	Tumor Localization SPECT	78803	
<input type="checkbox"/>	Lung Vent & Perfusion (VQ)	78582			<input type="checkbox"/> Octreoscan <input type="checkbox"/> Gallium		
	Must have Chest 2v <24 hrs prior			<input type="checkbox"/>	V/P Shunt Eval	78645	
<input type="checkbox"/>	Meckles Scan	78290		<input type="checkbox"/>	WBC Whole Body <input type="checkbox"/> Ceretec <input type="checkbox"/> Indium	78831	
<input type="checkbox"/>	Ureteral Reflux Study (VCUG)	78740		<input type="checkbox"/>	WBC Limit Body: Specify:	78831	
<input type="checkbox"/>	Parathyroid	78070			<input type="checkbox"/> Ceretec <input type="checkbox"/> Indium		
				Call Results to:		After Hours #:	

Comments:

****Special Instructions to Ordering Physician:**

<p>Nothing to eat, drink, or medications 8 hours prior to the procedure</p>	<p>Nothing to eat or drink 4 hours prior to the procedure. No caffeine 24 hours prior to the procedure. If you are taking medications, please speak with your physician about discontinuing them.</p>
<p><input type="checkbox"/> Biliary Scan with or without pharm <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Iodine Scan Whole Body <input type="checkbox"/> Therapy Oral Radioiodine I-131 <input type="checkbox"/> Thyroid Scan with uptake</p>	<p><input type="checkbox"/> Myocardial Perf. Panel</p>

IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: Day of the week: _____ Preference: Morning Afternoon
Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.
If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

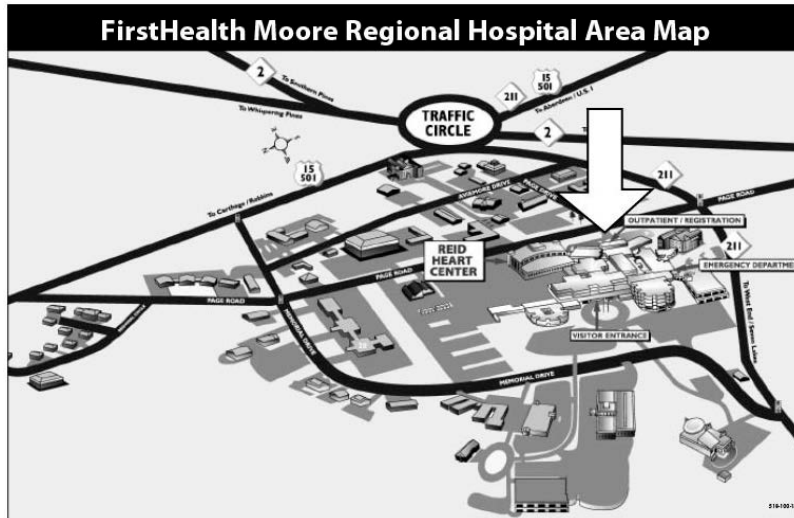
Appointment Date/Time: _____ Spoke to patient Patient No answer
Left message for _____

ATTENTION PATIENT: Please bring a written list of all your current medications.

We request that patients arrive at the registration desk thirty minutes prior to the scheduled appointment, unless otherwise specified.

PHYSICIAN OFFICE STAFF TO CHECK DESIGNATED PARKING

- OUTPATIENT PARKING:** Monday-Friday, 4:30 a.m. – 9:30 p.m., Saturday, 5:30 a.m. – 7:00 p.m. Closed Sunday. Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.
- PREADMISSION PARKING** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.



ALL PATIENTS

Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.

THANK YOU FOR CHOOSING FIRSTHEALTH MOORE REGIONAL HOSPITAL FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- ★ ICD-10 Codes should be provided for each test/panel ordered.
- ★ Medicare reimbursement may be denied for duplicate tests within 72 hours and/or non-approved ICD-10 Codes.