HOUSTON Methodist TEXAS MEDICAL CENTER

**HOUSTON METHODIST HOSPITAL**
**6445 MAIN STREET**
**HOUSTON, TX 77030**

# RADIOLOGY
## Nuclear Medicine

| PATIENT'S NAME | SSN | DOB | SEX ☐ M ☐ F |
|---|---|---|---|
| INSURED NAME | PLAN NAME | PLAN PHONE NO | |
| ID NO | GROUP NO | AUTH NO | |

**IF ADDITIONAL INFORMATION IS NEEDED, PLEASE CONTACT THE NUCLEAR MEDICINE DEPARTMENT AT 713-441-2282.**

| | BONE SCANS & BONE THERAPIES | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78306 | Bone Scan (Whole Body) | |
| ☐ 78315 | Bone Scan - Triple Phase | |
| ☐ 78320 | Bone SPECT | |
| ☐ 79101 & A9600 | Metastron (Strontium - 89 Therapy) | |
| ☐ 79101 & A9605 | Quadramet (Samarium -153 Therapy) | |

| | ENDOCRINE SCANS | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78007 | Thyroid Standard Uptake and Scan with I - 123 | |
| ☐ 78010 | TC-99m Thyroid Scan | |
| ☐ 78070 | Parathyroid Scan | |
| ☐ 95005 & A9508 | I - 131 Therapy | |
| ☐ 78018 | Whole Body Thyroid Metastatic Survey | |

| | GENITAL / URINARY SCANS | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78709 | Renal Scan w/ Captopril | |
| ☐ 78708 | Renal Scan w/ Lasix (MAG - 3) | |
| ☐ 78707 | Renal Scan w/ GFR (DTPA) | |
| ☐ 78708 | Standard Renal Scan (MAG - 3) | |

| | PULMONARY (V/Q) | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78585 | Ventilation / Perfusion Scan | |
| ☐ 78596 | Ventilation / Perfusion Scan w/ Computerized Quantitation | |

| | NEUROLOGICAL SCANS | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78630 | Cisternogram | |
| ☐ 78607 | Brain Perfusion SPECT Scan | |
| ☐ 78607 | Brain Perfusion SPECT w DaTscan | |
| ☐ 78607 | Brain Thallium SPECT (Tumor vs Infection/Inflammation) | |

| | G.I. SCANS | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78264 | Gastric Emptying | |
| ☐ 78223 | HIDA Scan | |
| ☐ 78290 | Meckel's Diverticulum Scan | |
| ☐ 78216 | Liver Spleen Scan | |
| ☐ 78278 | GI Bleed | |

| | TUMOR IMAGING | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78802 & 78803 | Gallium Scan | |
| ☐ 78195 | Lymphoscintigraphy Right Left Bilateral | |
| ☐ 78205 | Hemangioima Liver Scan | |
| ☐ 78802 & 78803 | Octreoscan | |
| ☐ 78802 & 78803 | Prostascint Scan | |
| ☐ 78804 & 78803 | MIBG Scan | |

| | ABSCESS SCANS | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78806 | Indium White Cell Scan (WBC) | |
| ☐ 78802 & 78807 | Gallium Scan | |
| ☐ 78806 | Ceretec White Cell Scan (WBC) | |

| | OTHER IMAGING / PROCEDURES | DIAGNOSIS / REASON(S) FOR TEST (REQUIRED) |
|---|---|---|
| ☐ 78268 | Urea Breath Test | |

**REFERRING PHYSICIANS**

**Instructions / Additional Services**

**Physician Contact Info:**

Contact Name _____

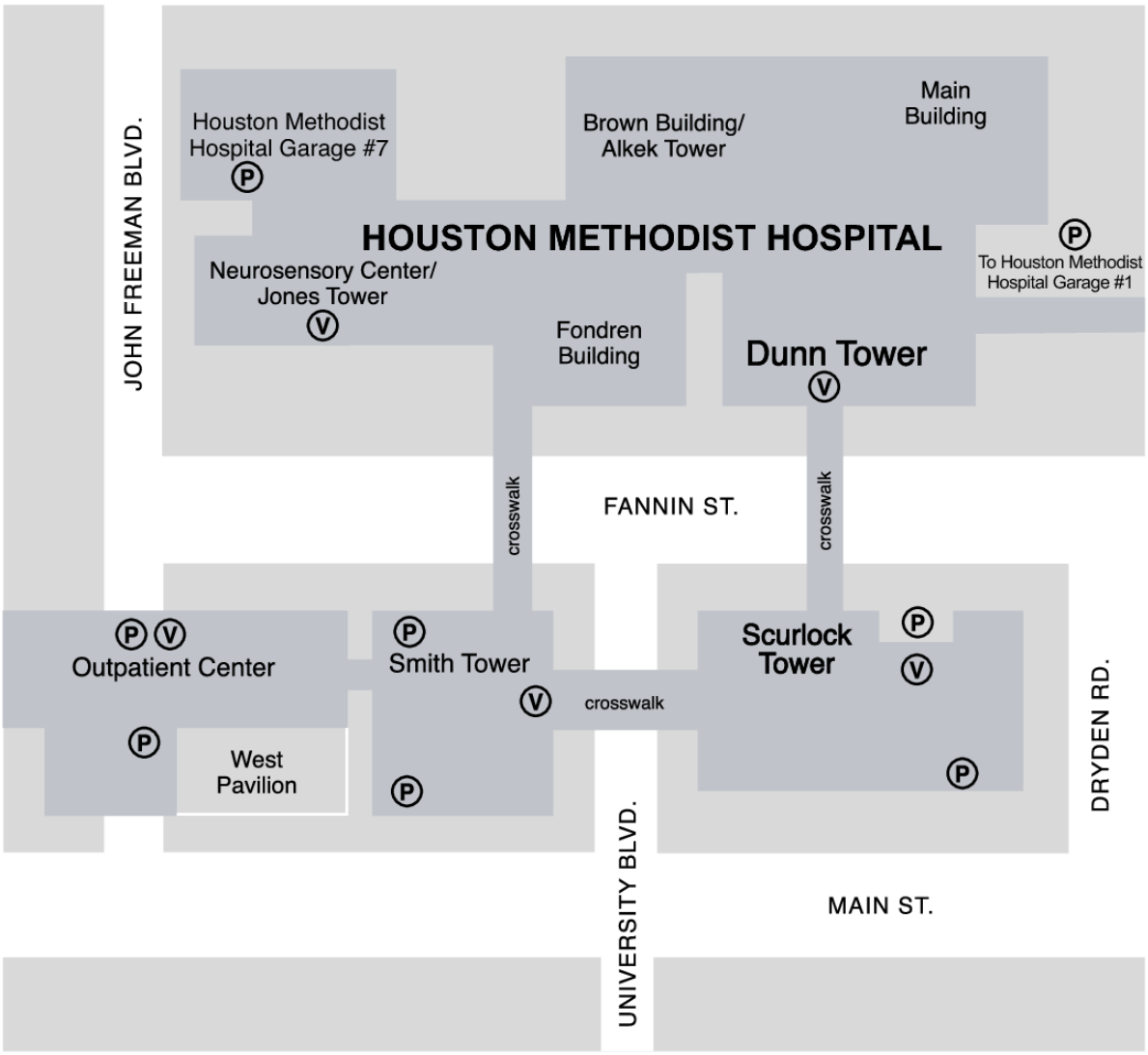
Phone No. _____

Fax No. _____

| PHYSICIAN'S NAME | PHYSICIAN'S NPI # |
|---|---|
| PHYSICIAN'S SIGNATURE | DATE/TIME |

SCHEDULING PHONE: 713-394-6500
SCHEDULING FAX: 713-791-5075

For Additional Scripts, Call 281-841-6945
OPC-NUCLMED 0710




**You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.**

Ⓟ **Parking**

Ⓥ **Valet**