HMH1691

OUTPATIENT NUCLEAR MEDICINE

PATIENT INFORMATION

Name: _____ DOB: _____ Sex: _____

Patient Home Phone # _____ Cell Phone # _____

Insurance Company: _____ Insurance Phone Number: _____

Subscriber Insurance ID Number: _____ Group Number: _____

Insurance Prior Authorization Number: _____ Authorization Dates: _____

Diagnosis: _____

ICD-10 Code (provide for each test ordered): _____

PROVIDER OFFICE CONTACT INFORMATION

Requesting Physician (print): _____ Physician's NPI _____

Provider Clinic Phone Number: _____

Contact person for scheduling (name & number): _____

PRESCREENING QUESTIONNAIRE

Patient Height: _____ ☐ Yes ☐ No Is the patient pregnant?

Patient Weight: _____

Procedures below are scheduled by Centralized Scheduling. Please fax order form to 713-791-5075 or call 713-394-6500.

X			X		
	Skeletal			**Pulmonary**	
	78306	Whole Body Bone		78580	Lung Perfusion
	78315	Three Phase Bone		78597	Lung Perfusion w/ Quantitation
	78306 & 78803	Whole Body Bone w/ SPECT		78428	Cardiac Shunt (Right to Left)
	78315 & 78803	Three Phase Bone w/SPECT		78580 & 78803	Lung Perfusion w/ SPECT/CT
	Gastrointestinal			**Neurological**	
	78264	Gastric Emptying		78803	Brain SPECT (non DaTscan)
	78227	HIDA w/Ejection Fraction		**Renal**	
	78226	HIDA		78708	Renal MAG3 w/ Lasix
	78290	Meckel's Diverticulum		78707	Renal MAG3 Standard
	78216 & 78803	Liver Spleen w/ SPECT/CT		78707	Renal DTPA w/GFR
	78268	Urea Breath Test		**Tumor/Abscess**	
	Endocrine			78802 & 78803	Gallium Whole Body w/ SPECT/CT
	78072	Parathyroid w/ SPECT/CT		78806	White Blood Cell (WBC) Scan
	78014	Thyroid Uptake and Scan			
	78013	Thyroid Scan w/ 99mTc			

Procedures below are scheduled by Imaging Dept. Please fax order form to 713-441-4080 or call 713-441-2282.

X					
	Gastrointestinal			**Neurological**	
	78278	GI Bleeding		78803	Brain DaTScan SPECT
	Endocrine			78645	CSF Shunt Patency
	78018	Thyroid Whole Body w/ I-131 Circle one: without Thyrogen / with Thyrogen		78630	Cisternogram
	78018	Post I-131 Treatment Whole Body Scan	X	**Tumor/Abscess**	
	Therapies			78195	Lymphoscintgraphy (circle one): injection only / with scan If Breast (circle one): Right / Left / Bilateral If Melanoma or Other (specify location): _____
	79005	Radioactive Iodine I-131		78205 & 78803	Hemangioma w/ SPECT/CT
	79101	Pluvicto		78804 & 78803	MIBG w/ SPECT/CT
	79101	Lutathera			
	79101	Xofigo			

Other Nuclear Medicine Procedure (please specify CPT and Description)

Special Instructions/Comments

NOTES:
1. By signing below, the Physician has made an independent medical necessity decision with regard to each procedure to be performed.
2. Medicare generally does NOT cover routine screening procedures.

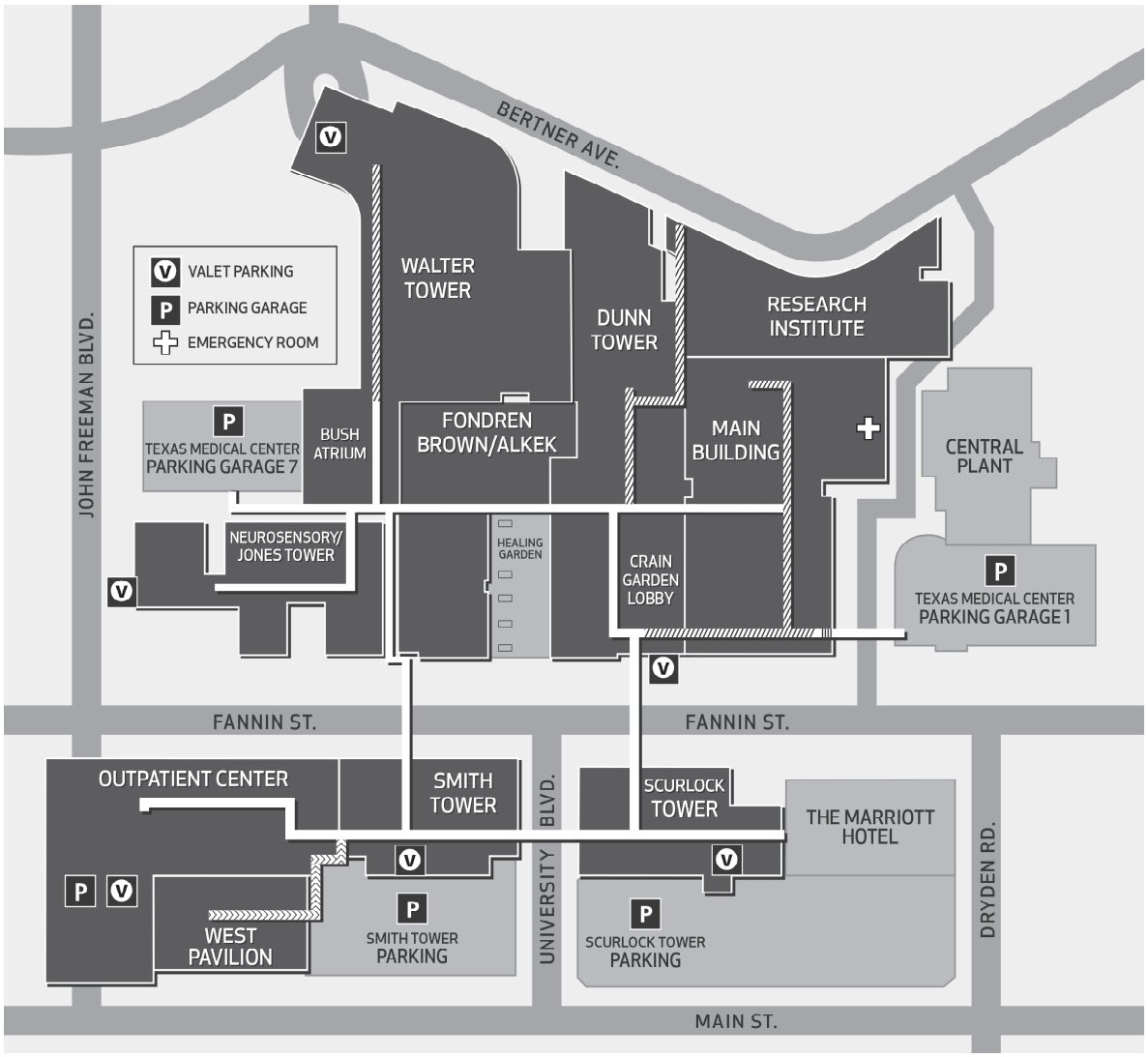
PHYSICIAN'S SIGNATURE DATE/TIME

For Additional Scripts,
Email HMHPhysicianLiaisons@houstonmethodist.org

ADHERE PATIENT LABEL WITHIN THIS AREA

HOUSTON Methodist LEADING MEDICINE

Outpatient Nuclear Medicine



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

(P) Parking

(V) Valet

Outpatient Nuclear Medicine