

# Kootenai Outpatient Imaging – Nuclear Medicine Scheduling / Orders

Order date: \_\_\_\_\_

Phone: 208.625.6380 Fax: 208.625.6381

Check in Time: \_\_\_\_\_  am  pm

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

Insurance authorization #: \_\_\_\_\_ Scheduled by: \_\_\_\_\_ Taken by: \_\_\_\_\_

Patient name (print): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Preauth #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Preauth #: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Previous related studies: Where performed?  Kootenai Health  Other (please specify): \_\_\_\_\_

Ordering/Referring Provider name (print): \_\_\_\_\_ CC Provider(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### PATIENT INSTRUCTIONS

1) Please follow preparation instructions on reverse side. 2) Please arrive 15 minutes prior to exam time. 3) Remember to verify insurance coverage for services to be rendered.

<p><b>Lymphatics</b></p> <p><input type="checkbox"/> Sentinel Node Injection</p> <p><input type="checkbox"/> Sentinel Node Injection w/imaging – breast</p> <p><input type="checkbox"/> Sentinel Node Injection w/imaging – melanoma</p> <p><input type="checkbox"/> Site _____</p> <p>Circle One: RIGHT / LEFT</p> <p><b>Indications</b> _____</p> <p><b>Surgery Time</b> _____</p> <p><b>Skeletal</b></p> <p><input type="checkbox"/> Whole Body Bone Scan</p> <p><input type="checkbox"/> Bone Limited _____ (Body Part)</p> <p><input type="checkbox"/> Bone Multiple _____ (Body Parts)</p> <p><input type="checkbox"/> 3 Phase _____ (Body Part)</p> <p><input type="checkbox"/> SPECT _____ (Body Part)</p> <p><b>Respiratory</b></p> <p><input type="checkbox"/> Pulmonary Perfusion</p> <p><input type="checkbox"/> Pulmonary Ventilation/Perfusion (VQ) <input type="checkbox"/> w/Quantification</p> <p><input type="checkbox"/> Other _____</p> <p><b>Note: Must have Chest X-ray within last 24 hours.</b> <input type="checkbox"/> CXR 2 view</p> <p><b>Nervous</b></p> <p><input type="checkbox"/> Cisternography</p> <p><input type="checkbox"/> Cerebral Blood Flow</p> <p><input type="checkbox"/> Other _____</p> <p><b>Genitourinary</b></p> <p><input type="checkbox"/> Renogram</p> <p><input type="checkbox"/> Renogram With Captopril</p> <p><input type="checkbox"/> Renogram with Lasix</p> <p><input type="checkbox"/> Cystogram</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Gastrointestinal</b></p> <p><input type="checkbox"/> Liver Spleen Imaging</p> <p><input type="checkbox"/> HIDA &amp; CCK (patient must follow prep on back of order form)</p> <p><input type="checkbox"/> GI Bleed</p> <p><input type="checkbox"/> Meckels Imaging</p> <p><input type="checkbox"/> Gastrointestinal Reflux</p> <p><input type="checkbox"/> Gastric Emptying (patient must follow prep on back of order form)</p> <p><input type="checkbox"/> Other _____</p> <p><b>Endocrine</b></p> <p><input type="checkbox"/> Parathyroid Imaging</p> <p><input type="checkbox"/> Parathyroid Injection only</p> <p>Surgery Time &amp; Date _____</p> <p><input type="checkbox"/> I-123 Uptake &amp; Scan (include lab results with order)</p> <p>(Book in Pending KC.NM.INJE, KC.NM.THIM and KC.NM.NON)</p> <p><b>Indications</b> _____</p> <p><b>Other</b> _____</p> <p>Most thyroid patients need to be removed from thyroid meds for 1–3 weeks, or longer, depending on the medications. Please refer to list on back page of this form.</p> <p style="text-align: center;"><b>Please Specify Narrative Diagnosis:</b></p> <p>(Do not use Rule Out, Probable, Possible, Suspected, or Routine – these are not diagnoses.)</p> <p style="font-size: small;">Note: To ensure correct and appropriate patient care and to comply with federal rules and regulations, KOI's policy is to require a written order from the treating provider. The order must include a narrative diagnosis, signs or symptoms pertinent to the exam, and the type of exam requested.</p>
<p><b>Exams have restrictions. Please include patient contact information, lab results, and H&amp;P. Nuclear Medicine staff will call patient to finalize appointment times and preparation.</b></p>	
<p><b>Therapy and Cancer</b></p> <p><input type="checkbox"/> I-131 WB Scan (follow-up for cancer) (Book in Pending KC.NM.INJI and KC.NM.I131)</p> <p><input type="checkbox"/> I-131 Therapy (for hyperthyroidism) (Book in Pending KC.NM.THYT)</p> <p><input type="checkbox"/> I-131 Ablation With WB Scan (for cancer) (Book in Pending KC.NM.THYA &amp; KC.NM.TLWB 7–10 days later)</p>	

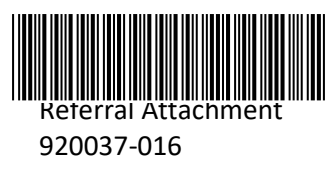
**Appointment Information**  
 Appointment or Exam Preparation Questions?  
 Call: Imaging Services (208) 625–6380

**Kootenai Health**  
 2003 Kootenai Health Way  
 Coeur d'Alene, ID 83814  
 T: 208–625–6360 • F: 208–625–6361

**Kootenai Outpatient Imaging**  
 700 Ironwood Drive Suite 175 (West End)  
 Coeur d'Alene, ID 83814  
 T: 208–625–6300 • F: 208–625–6301  
 Hours: M–Th 7–6pm • F 7–5pm

**Patient Identification – Write in or attach patient label**

Name: \_\_\_\_\_  
 MRN #: \_\_\_\_\_  
 CSN #: \_\_\_\_\_  
 Age/DOB: \_\_\_\_\_



**Pre-Exam Preparations**

We make every effort to adhere to our schedule and to perform every exam on the day it is scheduled, however, isotopes are time sensitive. It is imperative that patients are on time to receive their injection. **We reserve the right to reschedule or push scheduled times back if our time frames are not adhered to.**

For several of our exams, the patient will need to come to Nuclear Medicine two times. Once for an injection and once for the scan.

- Bone Scan** – Injection followed by images 3 hours later.
- MUGA** – Injection with images to follow. Please no caffeine on day of exam.
- Parathyroid** – Injection with images to follow. Additional images 3 hours later.
- Renograms** – Patients must stay well hydrated on the day of the exam.

These examinations below require that the patient have nothing by mouth for a minimum of 4 hours prior to scan, including cigarettes and chewing gum.

- Gastric Emptying** – Patient should withhold Reglan and Pepsid for 48 hours prior to the exam. If taking narcotic medications, please consult with your provider regarding the length of time for the narcotics to be withheld prior to the exam.
- HIDA Scan** – This exam requires the patient to fast in order to keep the gallbladder unstimulated. **The patient should not be fasting for more than 14 hours.** Please have a snack before bedtime if the test will be performed in the A.M. Regularly scheduled medications should be taken with water. If medications are to be taken with food, please wait until after the scan is completed. If taking narcotic medications, please consult with your provider regarding the length of time for the narcotics to be withheld prior to the exam. Occasionally delay films are required and sometimes morphine is given. We recommend arranging for a driver to take the patient home if the need arises.
- Myocardial Perfusion** – Patient may have small sips of water with meds as directed by their physician. **Caffeine must be avoided for 24 hours before the scan. Patients who eat within 4 hours of the scan will be rescheduled.** Please allow approximately 3 hours for this study.
- Captopril Renogram** – Patients should be fasting and off of ace inhibitors and diuretics for 24 to 72 hours. This test may be performed over 2 days for comparison.
- Thyroid Uptake** – Pills given with images to follow 4 hours later. Patient also returns 24 hours later for delayed uptake. This is very important for patients who may receive therapy.

**Thyroid Scans. There are several compounds that decrease thyroid uptake. Patients must be off these compounds for a minimum of:**

**1 Week Before Scan**

- Adrenocorticosteroids
- Amiodarone
- Bromides
- Butazolidine
- Mercurials
- Nitrates
- Perchlorate
- Prophylthiouracil (PTU)
- Salicylates (LG Doses)
- Sulfonamides
- Tapazole (Methimazole)
- Thiocyanate

**2 Weeks Before Scan**

- Iodine Solution (Lugol's)
- Kelp
- Cough Medicine
- Multivitamins

**3 Weeks Before Scan**

- Triiodothyronine (Cytomel)
- Thyroid Extract (Synthroid, Proloid, Levoxel)

Intravenous Contrast Agents – 6 Weeks • Oral Cholecystographic Agents – 6 Months • Bronchographic – 12 Months • Myelographic – 2 Years

### Coeur d'Alene, ID

### Post Falls, ID

**Your appointment will be at Nuclear Medicine located within the hospital building. Please register at Imaging Services (just west of hospital Emergency Department).**