# Woodburn Nuclear Medicine
# Metro Region PET Center

www.woodburnmed.com

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In the unlikely event that our phone system is out of service, please use our Cell Phone Backup (703) 453-7347.

TAX ID # 54-1623244
NPI # 1659435055

*Eric H. Norby, MD, Medical Director*
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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*