



Woodburn Nuclear Medicine Metro Region PET Center

www.woodburnmed.com

3289 Woodburn Road • Suite 060

Annandale, VA 22003

(703) 698-0666 • Fax (703) 573-6120

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

Julio E. Garcia, MD • A. Michael Kistler, MD • Aaron L. Stack, MD

Endocrine Referral Form

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
- Sinus

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

- Low Dose Screening Chest (Must Meet Criteria)
- CT Bone Density