



Woodburn Nuclear Medicine Metro Region PET Center

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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

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Nuclear Medicine Referral Form

Patient's Name:	Patient's Phone:	Date of Birth:	Sex:	Appointment Time & Date:
Referring Physician's Name:		Physician's Signature:		Physician's Phone/Fax: P: F:
Physician's Address:				
Diagnosis (Reason for Testing / Comments / Special Remarks):				

IF YOUR TEST IS FOLLOWED BY AN ASTERISK (*), PLEASE REFER TO THE BACK FOR ADDITIONAL INFORMATION/INSTRUCTIONS.

Bone*

- Whole Body Bone Scan
- 3-Phase Bone Scan
Specify Area: _____
- Bone SPECT Scan
- Indium 111 WBC Scan/Bone Marrow

Cardiac

- Myocardial Perfusion Imaging (MPI)*
Specify Stress Method:
 - Lexiscan (Regadenoson)
 - Adenosine
 - Dobutamine
 - Treadmill
- MUGA*
- First Pass Study

CNS*

- DaTscan

** For I-131 Therapy Ablation, 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.

Endocrine*

- Thyroid Scan and Uptake (I-123)
- I-123 Whole Body Scan
 - Thyrogen Withdrawal
- Parathyroid (Sestamibi) Scan
- I-131 Therapy Hyperthyroidism
- I-131 Therapy Ablation** (See Below)
- I-123 MIBG Adrenal Scan

Gastrointestinal*

- Hepatobiliary Scan (HIDA)
- Hepatobiliary Scan with CCK
- Liver/Spleen Scan
- Hemangioma Study
- Meckel's Diverticulum Scan
- Gastric Emptying Study

Pulmonary*

- Lung V/Q Scan
 - Lung Quantitative Scan
- ### Genitourinary
- Renal Scan*
 - Renal Scan with Lasix*
 - Renal Scan with Captopril*

Miscellaneous*

- Gallium Scan
- Octreoscan (In-111)
- PET/CT
Specify: _____
- Other: _____

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 LAB VALUES, OBTAINED WITHIN THE PAST 30 DAYS, ARE REQUIRED FOR ALL PATIENTS OVER 50 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