

UNIVERSITY OF VIRGINIA HEALTH SYSTEM DEPARTMENT OF RADIOLOGY NUCLEAR MEDICINE IMAGING REQUEST FORM

Please Fax to (434) 243-6999
Schedule at (434) 243-6888

PLACE LABEL HERE

Ordering Date _____

SS# _____
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Patient Name: _____ MR# _____

Pre/Post-op Y N Date of Surgery _____ Date of Test _____

DOB _____ / _____ / _____ Weight: _____ Phone # _____

Insurance Company & Plan	Pre Authorization Number	Attending MD/Pic #	Ordering MD/Pic #
Referring Clinic/Office Where Report Should Be Sent	Phone Number of Contact Person Name	Box & Fax Number	

STUDY DESIRED

X	Study	X	Study	X	Tumor Imaging	X	Therapy Procedures
	<i>Diagnostic Studies</i>		Kidney Flow/Function		Bone Imaging Whl Bdy		Gallium Tumor
	Thyroid Uptake		Kidney-Lasix		Bone Imaging 3 Phase		I-123 Thyroid CA Dx
	Thyroid Scan only		Kidney-Captopril		Bone SPECT		I-131 Thyroid CA Dx
	Thyroid scan and uptake		Kidney-SPECT(DMSA)		Bone Marrow Imaging		I-131 Post-Rx Scan
	Parathyroid MIBI only		Nuclear VCUG				MIBG Tumor
	Parathyroid I-123/MIBI		Infection Scan-WBC		Gastric Emptying		NP-59 Adrenal Tumor
	Lymph Imaging-Breast		Infection Scan-Gallium		Meckel's Scan		Octreoscan Tumor
	Lymph Imaging-Melanoma		Brain PerfusionSPECT		Liver Colloid Imaging		Prostacint Tumor
	Lung VQ vent & perf		CSF for NPH		Liver for Hemangioma		Thallium Tumor
	Lung Quantitative		CSF Shunt Eval		Hepatobiliary Imaging		P32 or Y90 Tumor
			CSF Leak Detection		Hepatobiliary w/GB emptying		Brain Tumor Spect

**Includes Consult

Other Study-Not Listed (Specify):

Clinical Indications for Exam (Mandatory):

ICD-9 Dx Code(MANDATORY):

Protocol-For Internal Radiology Use Only:

I attest to the accuracy of the above information and to the medical necessity of the study ordered:

Physician Signature: _____ **Date:** _____

If films were taken within 2 weeks prior to scan from outside UVA please instruct pt to bring films.

Special considerations: Non-English speaking Sz disorder Pregnancy

Other: _____

Is Patient Claustrophobic? Yes No (Pediatric/Claustrophobic patients may require sedation)

Is Sedation required? Yes No Is Patient Pediatric? Yes No



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Top Radiology ICD-9 Codes

<u>Infectious/Parasitic Diseases</u>		
070.51	ACUTE HEP C W/O COMA	
070.54	CHRONIC HEP C W/O COMA	
<u>Neoplasms</u>		
162.9	BRONCHUS/LUNG CA-UNSPEC	
171.9	SOFT TISSUE CA-UNSPEC	
172.5	TRUNK MALIGNANT MELANOMA	
172.9	SKIN MAL MELANOMA-UNSPEC	
174.9	FEMALE BREAST CA-UNSPEC	
183.0	OVARY CA	
185	PROSTATE CA	
193	THYROID CA	
197.0	SECONDARY LUNG CA	
198.3	SECONDARY BRAIN/SPINE CA	
198.5	SECONDARY BONE CA	
201.90	HODGKINS NOS-XNODAL/NOS	
202.80	XNODAL/NOS LYMPHOMA NOS	
218.9	UTERINE LEIOMYOMA-UNSPEC	
225.1	BENIGN CRAN NERVE NEOPL	
225.2	BEN CEREB MENINGES NEOPL	
227.3	BENIGN PITUITARY NEOPL	
239.0	DIGESTIVE NEOPLASM-UNSPEC	
239.1	LUNG NEOPLASM-UNSPEC	
239.6	BRAIN NEOPLASM-UNSPEC	
239.7	PARATHYROID NEOPLASM	
241.0	NONTOXIC UNINOD GOITER	
242.00	TOX DIF GOITER W/O CRIS	
242.90	THYROTOX NOS W/O CRISIS	
<u>Nervous System</u>		
331.9	CEREB DEGENERATION UNSPEC	
336.9	SPINAL CORD DISEASE	
348.8	BRAIN CONDITIONS OTHER	
<u>Circulatory System</u>		
401.9	HYPERTENSION UNSPEC	
433.10	CAROTID OCCL W/O INFARCT	
434.90	CEREB ART OCCL W/O INFARCT	
434.91	CEREB ART OCCL W INFARCT	
435.9	TRANS CEREB ISCHEMIA	
436	ACUTE ILL-DEFINED CVD	
437.1	AC CEREBROVASC INSUF NOS	
440.21	AS EXT W INTERMITT CLAUD	
441.4	ABD AORTIC ANEURYSM	
451.9	THROMBOPHLEBITIS UNSPEC SITE	
<u>Respiratory System</u>		
473.9	CHRONIC SINUSITIS NOS	
486	PNEUMONIA, ORGANISM NOS	
493.90	ASTHMA UNSPEC	
496	CHRONIC AIRWAY OBSTR NEC	
518.89	OTHER LUNG DISEASE NEC	
<u>Digestive System</u>		
536.8	STOMACH FUNCT DISORD	
560.9	OBSTRUCTION UNSPEC	
564.00	CONSTIPATION UNSPEC	
571.40	CHRONIC HEPATITIS UNSPEC	
571.5	LIVER CIRRHOSIS W/O ALC	
573.8	LIVER DISORDERS OTHER	
574.20	GB CALCULUS W/O CHOL	
577.2	PANCREAS CYST/PSEUDOCYST	
<u>Genitourinary System</u>		
591	HYDRONEPHROSIS	
592.0	KIDNEY CALCULUS	
592.1	URETERAL CALCULUS	
593.2	ACQUIRED KIDNEY CYST	
593.70	VUR UNSPEC	
592.9	RENAL/URETER DISORD UNSPEC	
599.0	URINARY TRACT INF NOT SPEC	
599.7	HEMATURIA	
620.2	OVARIAN CYST NOS	
623.8	NONINFL DISORDER VAG	
626.2	EXCESSIVE MENSTRUATION	
626.8	MENSTRUAL DISORDER NOS	
<u>Musculoskeletal System</u>		
714.0	RHEUMATOID ARTHRITIS	
715.91	OSTEOARTHOSIS UNSP-SHOULD	
715.94	OSTEOARTHOSIS UNSP-HAND	
715.95	OSTEOARTHOSIS UNSP-PELVIS	
715.96	OSTEOARTHOSIS UNSP-LOW LE	
715.97	OSTEOARTHOSIS UNSP-ANKLE	
719.41	JOINT PAIN-SHOULDER	
719.45	JOINT PAIN-PELVIS	
719.46	JOINT PAIN-LOWER LEG	
719.47	JOINT PAIN-ANKLE/FOOT	
719.49	JOINT PAIN-MULT SITE	
722.10	LUMBAR DISC DISPLACEMENT	
722.4	CERVICAL DISC DEGEN	
722.51	THORACIC DISC DEGEN	
722.52	LUMBAR/LS DISC DEGEN	
723.0	CERVICAL SPINAL STENOSIS	
723.1	CERVICAL SPINE PAIN	
724.02	SPINAL STENOSIS-LUMBAR	
724.2	LUMBAGO	
724.5	BACKACHE UNSPEC	
729.5	PAIN IN LIMB	
729.81	SWELLING OF LIMB	
733.00	OSTEOPOROSIS UNSPEC	
<u>Congenital Anomalies</u>		
737.30	IDIOPATHIC SCOLIOSIS	
747.81	CEREBROVASCULAR ANOMALY	
<u>Signs/Symptoms/ILL-Defined Conditions</u>		
780.2	SYNCOPE AND COLLAPSE	
780.39	OTHER CONVULSIONS	
780.4	DIZZINESS AND GIDDINESS	
782.0	SKIN SENSATION DISTURB	
782.3	EDEMA	
784.0	HEADACHE	
784.2	SWELLING IN HEAD & NECK	
785.6	ENLARGEMENT LYMPH NODES	
786.09	RESPIRATORY ABNORM NEC	
786.2	COUGH	
786.50	CHEST PAIN UNSPEC	
786.59	CHEST PAIN NEC	
	(DISCOMFORT, TIGHTNESS)	
786.6	CHEST SWELLING/MASS/LUMP	
787.01	NAUSEA W VOMITING	
787.2	DYSPHAGIA	
789.00	ABDOMINAL PAIN-SITE UNSPEC	
789.01	RUQ ABDOMINAL PAIN	
789.03	RLQ ABDOMINAL PAIN	
789.04	LLQ ABDOMINAL PAIN	
789.09	ABDOMINAL PAIN-OTHER SPEC SITE	
789.30	ABD/PELV SWELL-SITE UNSPEC	
789.5	ASCITES	
793.7	ABNORMAL FINDING-MSK SYSTEM	
794.5	ABN THYROID FUNCT STUDY	
794.9	ABN FUNCTION STUDY OTHER	
795.5	TUBERCULIN TEST REACTION	
<u>Injury</u>		
813.42	FX DISTAL RADIUS NEC-CL	
845.00	SPRAIN OF ANKLE UNSPEC	
847.0	SPRAIN OF NECK	
864.00	INJURY-LIVER UNSPEC	
865.00	INJURY-SPLEEN UNSPEC	
869.0	INTERNAL INJ-ABD NOS	
920	CONTUSION HEAD X EYE	
959.01	HEAD INJURY UNSPEC	
959.19	INJURY-BACK/PELVIS	
959.7	LOWER LEG INJURY	