



Last Name: _____		
First Name (Preferred Name): _____		
Encounter number: _____	NH Number: _____	Chart Created: Y/N _____
Date of Birth: _____	Gender: _____	Age: _____
Responsibility for Payment: _____		PHN: _____
Primary Care Physician/Attending Physician: _____		

**Nuclear Medicine Requisition**

*PATIENT LABEL*

**FOR MEDICAL IMAGING USE ONLY:**

<b>MEDICAL IMAGING PRIORITIZATION AND COMMUNICATION</b>
<b>To be completed by Medical Imaging personnel:</b>
<input type="checkbox"/> Radiologist required Notes for booking staff: _____
<b>To be completed by booking personnel:</b>
<b>Attempts to book:</b> 1. _____ 2. _____ 3. _____ Notes: _____ Appointment date: _____ Time: _____

<b>Technologist Comments:</b> _____ _____ _____ Pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes LMP (YYYY-MM-DD): _____ IV Site: _____ by: _____ Shielding used: <input type="checkbox"/> No <input type="checkbox"/> Yes IV Contrast: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ mL at _____ mL/sec Injection time: _____ Tech initial: _____ DLP: _____
<b>Contrast Info</b>
<b>INJ Sticker</b>
<i>Place flashcard label here</i>