

To Schedule an Appointment, Please Call: **305-243-4384**
Fax: **305-243-4265**

1475 N.W. 12th Avenue, Miami, FL 33136

Your Appointment Date: _____

Time: _____

ADULT

Regular Stress

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Pharmacologic Stress with Adenosine

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Pharmacologic Stress with Dobutamine

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Due to equipment limitations, any patient weighing in excess of 350 Lbs. the following procedure is indicated.

Pharmacologic Stress with Dobutamine

- Myocardial Planer Stress/Rest (CPT 78461)

All Nuclear/Cardiology Procedure Report to Radiology 1st Floor

Physician's Signature _____

Date _____

Physician's Name _____

UPIN # _____

PEDIATRICS

Regular Stress

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Pharmacologic Stress with Adenosine

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Pharmacologic Stress with Dobutamine

- Myocardial SPECT Stress/Rest (CPT 78465)
- SPECT Gated Ejection Fraction (CPT 78480)
- SPECT Gated Wall Motion (CPT 78478)

Weight: _____

Height: _____

Age: _____

(Circle) V/M for voicemail, In Person or Phone

Instructions Given: V/M In Person Phone

PERTINENT CLINICAL INFO. FOR ALL PROCEDURE TYPES: (Comp Dx)

Insurance Company: _____

SPECIAL INSTRUCTIONS:

CURRENT MEDS:

Referral #: _____

____ Patient to continue meds as directed

____ Patient to discontinue meds until: _____

____ Urgent (or Same Day)

____ ASAP

____ Elective

Auth #: _____

All original UMSylvester medical records are the property of UMSylvester and maintained by the Health Care Provider's Record Custodian. Copies of this form must be destroyed upon the completion of its temporary use. To receive a copy of your health information please contact your Health Care Provider's Record Custodian or the UMSylvester HIM Release of Information department at (305) 243-5272.

**SYLVESTER COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HOSPITAL & CLINICS**

Miami, FL 33136 www.med.miami.edu (305)243-1000

**NUCLEAR MEDICINE / CARDIOLOGY
PHYSICIAN ORDER FORM**

Form
A1400004

Revised
3/16/05

NAME: _____

UMMG # MRN

AGE: _____ DOB: _____ / _____ / _____

DATE OF SERVICE: _____

