



**Nuclear  
Medicine  
Associates**

1950 Court Street  
Redding, CA 96001

Diplomates American Board of Nuclear Medicine

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**NOTE: MUST BE FILLED OUT**

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

INSURANCE \_\_\_\_\_ AUTHORIZATION NUMBER \_\_\_\_\_

STUDY REQUESTED 1) \_\_\_\_\_ DATE \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

IF NOT LISTED BELOW 2) \_\_\_\_\_ RETURN TIME \_\_\_\_\_

SPECIAL ATTENTION / INSTRUCTIONS \_\_\_\_\_

HISTORY / SIGNS / SYMPTOMS \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ CC: \_\_\_\_\_

**\* NOTE: SOME CARDIAC SCANS REQUIRE PRE-AUTHORIZATION**

PHONE REPORT     FAX REPORT     PATIENT TO RETURN WITH REPORT

**ATTENTION PATIENT - PLEASE BRING THIS FORM TO YOUR EXAM**

All studies listed below require an appointment. Follow all instructions for your study(s) very closely. Please call if you have questions.

**Studies that are in the blue shaded areas below will require the preparations listed on the back of this form.**

NUCLEAR MEDICINE		
BONE	GI	THERAPY
<input type="checkbox"/> Bone Scan, Limited Area	<input type="checkbox"/> Hemangioma Scan	<input type="checkbox"/> I-131 Therapy Hyperthyroidism
<input type="checkbox"/> Bone Scan, 3 Phase	<input type="checkbox"/> Gastric Emptying	<input type="checkbox"/> I-131 Therapy Thyroid Carcinoma
<input type="checkbox"/> Bone Scan SPECT	<input type="checkbox"/> GE Reflux	<input type="checkbox"/> Painful Bone Metastases
<input type="checkbox"/> Bone Scan, Whole Body	<input type="checkbox"/> GI Blood Loss Imaging	<input type="checkbox"/> Lymphoma
<input type="checkbox"/> DEXA	<input type="checkbox"/> HIDA Scan (Hepatobiliary Scan)	<b>TUMOR/INFECTION</b>
<b>CARDIAC</b>	<input type="checkbox"/> HIDA Scan w/EF	<input type="checkbox"/> Infection-Imaging-White Blood Cell
<input type="checkbox"/> MUGA (Cardiac Blood Pool)	<input type="checkbox"/> Liver/Spleen Scan	<input type="checkbox"/> Octreotide Scan
<input type="checkbox"/> Myocardial Perfusion	<input type="checkbox"/> Meckel's Diverticulum Exam	<input type="checkbox"/> MIBG
<input type="checkbox"/> Pharmacologic	<input type="checkbox"/> Salivary Gland	<input type="checkbox"/> Gallium Scan
<input type="checkbox"/> Treadmill	<b>PULMONARY</b>	<b>SENTINEL NODE LOCALIZATION</b>
<b>CNS</b>	<input type="checkbox"/> Lung V/Q Scan	<input type="checkbox"/> Breast
<input type="checkbox"/> Brain SPECT	<input type="checkbox"/> Pulm Quant Split Function	<input type="checkbox"/> Scan
<input type="checkbox"/> Cisternogram	<b>RENAL/GENITOURINARY</b>	<input type="checkbox"/> No Scan
<input type="checkbox"/> CSF Shunt Patency	<input type="checkbox"/> Captopril Renal Scan	<input type="checkbox"/> Melanoma
<b>ENDOCRINE</b>	<input type="checkbox"/> Diuretic Renal Scan	<b>NOTES</b>
<input type="checkbox"/> Thyroid Uptake & Scan	<input type="checkbox"/> Dynamic Renal Imaging	
<input type="checkbox"/> Thyroid Met Imaging, Total Body	<input type="checkbox"/> Proscint	
<input type="checkbox"/> Parathyroid Imaging	<input type="checkbox"/> Radionuclide Cystogram	
	<input type="checkbox"/> Renal Cortical Imaging	
	<input type="checkbox"/> Renogram	
	<input type="checkbox"/> Testicular Scan	

Some Nuclear Medicine studies will require you to spend several hours with us and/or return the following day or two. Please call our office for more information about your study and how long you should plan to be with us.

Please bring your health insurance information, forms and cards with you.

