

PRIOR TO SCHEDULING APPOINTMENT – FAX ORDER FORM TO: 305-243-8422 or 305-243-4613

SCHEDULING REQUIREMENTS: ICD-9 CODE, CLINICAL HISTORY, SPECIFIC TEST ORDERED, ORIGINAL MD SIGNATURE AND UPIN #

Medical Necessity: Federal regulations require that only tests that are necessary for diagnosis and treatment of a patient's condition be ordered. ICD-9 Code and clinical history for each test is required to prove medical necessity.

****The patient is responsible to bring outside films/CD for comparison at the time of the imaging study. UM Department of Radiology will obtain in-house prior studies.**

Check if prior study done UMHC Applebaum BPEI OTHER _____

KNOWN ALLERGIES: _____

CLINICAL HISTORY (REQUIRED) _____

Attending Physician: _____ UPIN # (REQUIRED): _____

Attending Physician Phone: _____ Fax: _____ Beeper: _____

Attending Physicians Address: _____

Attending Physician Signature (Stamps not accepted): _____ Date: _____

CARDIOVASCULAR			CPT#	ICD-9 Code	NERVOUS SYSTEM			CPT#	ICD-9 Code
<input type="checkbox"/>	MUGA Rest		78472		<input type="checkbox"/>	Brain Imaging with Spect	78607		
<input type="checkbox"/>	RN Angiography (Non Cardiac)		78445		RESPIRATORY				
ENDOCRINE					<input type="checkbox"/>	Lung Ventilation	78587		
<input type="checkbox"/>	Adrenal Scan MIBG		78075		<input type="checkbox"/>	Lung Perfusion	78580		
<input type="checkbox"/>	Parathyroid Scan Tumor Loc Spect		78803		<input type="checkbox"/>	Lung Quantitative	78596		
<input type="checkbox"/>	Thyroid Uptake		78000		<input type="checkbox"/>	Lung Ventilation/Perfusion (V/Q Scan)	78588		
<input type="checkbox"/>	Thyroid Scan		78010		THERAPY				
<input type="checkbox"/>	Thyroid Uptake and Scan		78006		<input type="checkbox"/>	Bone Pain Therapy -Metastron	79101		
<input type="checkbox"/>	Thyroid CA Imaging WB		78018		<input type="checkbox"/>	Bone Pain Therapy -Quadramet	79101		
GASTROINTESTINAL					<input type="checkbox"/>	Hyperthyroid Therapy	79005		
<input type="checkbox"/>	Gastric Emptying		78264		<input type="checkbox"/>	Thyroid CA Therapy	79005		
<input type="checkbox"/>	G.I. Bleeding		78278		<input type="checkbox"/>	Sodium P-32 Therapy	79101		
<input type="checkbox"/>	Hepatobiliary		78223		<input type="checkbox"/>	Chromic P-32 Therapy	79200		
<input type="checkbox"/>	Liver-Spleen Scan with Spect		78205		<input type="checkbox"/>	Bexxar	79403		
<input type="checkbox"/>	Meckels		78290		<input type="checkbox"/>	Zevalin	79403		
GENITOURINARY					TUMOR/INFLAMMATION				
<input type="checkbox"/>	Cystogram		78740		<input type="checkbox"/>	Breast Imaging Sestamibi	78800		
<input type="checkbox"/>	Renal Flow and Function with Diuretic		78708		<input type="checkbox"/>	CEA Tumor Loc Whole Body	78802		
<input type="checkbox"/>	Renal Flow and Function w/o Diuretic		78707			Tumor Loc Spect	78803		
<input type="checkbox"/>	Renal Scan with ACEI Inhibitor with and without Diuretic		78709		<input type="checkbox"/>	Gallium Scan Tumor Loc Whole Body 2 or more days	78804		
<input type="checkbox"/>	Renal Spect		78710			Tumor Loc Spect	78803		
<input type="checkbox"/>	Testicular Scan with Flow		78761		<input type="checkbox"/>	Gallium Scan - Abscess and/or Infection: Whole Body	78806		
MUSCULOSKELETAL						Spect	78807		
<input type="checkbox"/>	Bone Density (DEXA)		76075		<input type="checkbox"/>	Gallium Sarcoid Limited	78805		
<input type="checkbox"/>	Bone Scan Total Body		78306		<input type="checkbox"/>	Octreoscan Tumor Loc Whole Body 2 or more days	78804		
<input type="checkbox"/>	Bone Scan Triple Phase		78315			Tumor Loc Spect	78803		
<input type="checkbox"/>	Bone Imaging Spect		78320		<input type="checkbox"/>	Prostascint Tumor Loc Whole Body 2 or more days	78804		
PET IMAGING					<input type="checkbox"/>	Tumor Loc Spect	78803		
<input type="checkbox"/>	PET Brain Metabolic Evaluation		78608		<input type="checkbox"/>	White Blood Cell / Infection WB	78806		
<input type="checkbox"/>	PET Brain Perfusion Evaluation		78609		LYMPHATIC SYSTEM				
<input type="checkbox"/>	PET Cardiac Metabolic Evaluation		78459		<input type="checkbox"/>	Lymphoscintigraphy	78195		
<input type="checkbox"/>	PET Cardiac Perfusion Single Study Rubidium		78491		OTHER PROCEDURE(S):				
<input type="checkbox"/>	PET/CT Skull to Thigh		78815		<input type="checkbox"/>	Liver Spect w/Flow (Hemangioma)	78206		
<input type="checkbox"/>	PET/CT Melanoma Skull Apex to Toes		78816		<input type="checkbox"/>				
<input type="checkbox"/>	Other: _____								

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

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

NUCLEAR MEDICINE PHYSICIAN ORDER FORM

NAME: _____

_____ UMMG # MRN

AGE: _____ DOB: _____ / _____ / _____



Form
A1400012

Revised
02/20/07

ICD-9	DESCRIPTION	576.8	DIS OF BILIARY TRACT NEC	150.9	MAL NEO ESOPHAGUS NOS	252.8	PARATHYROID DISORDER NEC
789.09	ABD PAIN NEC/MULTI SITE	575.8	DIS OF GALLBLADDER NEC	195.0	MAL NEO HEAD/FACE/NECK	427.2	PAROX TACHYCARDIA NOS
789.01	ABD PAIN R-UPPER QUAD	621.8	DISORDERS OF UTERUS NEC.	157.4	MAL NEO ISLET LANGERHANS	427.1	PAROX VENTRIC TACHYCARD
789.31	ABD/PELV SWELL RUQ	441.0	DISSECTION OF AORTA	155.0	MAL NEO LIVER, PRIMARY	733.13	PATHOLOG FRACT VERTEBRAE
789.00	ABDOM PAIN NOS SITE	596.3	DIVERTICULUM OF BLADDER	196.0	MAL NEO LYMPH-HEAD/NECK	730.36	PERIOSTITIS-L/LEG
794.39	ABN CARDIOVASC STUDY NEC	787.2	DYSPHAGIA	154.0	MAL NEO RECTOSIGMOID JCT	515	POSTINFLAM PULM FIBROSIS
794.30	ABN CARDIOVASC STUDY NOS	V58.83	ENC FOR THERAPEUTIC DRUG MONITORING			V72.81	PREOP CARDIOVASCULR EXAM
794.31	ABN ELECTROCARDIOGRAM	785.6	ENLARGEMENT LYMPH NODES	173.3	MAL NEO SKIN FACE NEC	V72.83	PREOP EXAMINATION NEC
793.1	ABN FINDINGS-LUNG FIELD	530.81	ESOPHAGEAL REFLUX	608.9	MALE GENITAL DIS NOS	V72.84	PREOP EXAMINATION NOS
793.7	ABN FIND-MUSCULOSKEL SYS	V70.7	EXAM-CLINICAL TRIAL	172.9	MALIG MELANOMA SKIN NOS	425.4	PRIM CARDIOMYOPATHY NEC
794.9	ABN FUNCTION STUDY NEC	V72.85	EXAMINATION NEC	188.9	MALIG NEO BLADDER NOS	287.3	PRIMARY THROMBOCYTOPENIA
781.0	ABN INVOLUN MOVEMENT NEC	627.2	FEMALE CLIMACTERIC STATE	141.9	MALIG NEO TONGUE NOS	593.89	RENAL & URETERAL DIS NEC
794.4	ABN KIDNEY FUNCT STUDY	780.6	FEVER	194.0	MALIG NEOPL ADRENAL	593.9	RENAL & URETERAL DIS NOS
794.8	ABN LIVER FUNCTION STUDY	V58.81	FIT/ADJST VASCULAR CATH	189.0	MALIG NEOPL KIDNEY	788.0	RENAL COLIC
794.2	ABN PULMONARY FUNC STUDY	787.3	FLATUL/ERUCTAT/GAS PAIN	151.8	MALIG NEOPL STOMACH NEC	586	RENAL FAILURE NOS
738.3	ACQ CHEST DEFORMITY	805.4	FX LUMBAR VERTEBRA-CLOSE	151.9	MALIG NEOPL STOMACH NOC	403.91	RENAL HYPERT NOS&FAILURE
738.19	ACQ HEAD DEFORMITY NEC.	807.09	FX MULT RIBS NOS-CLOSED	174.8	MALIGN NEOPL BREAST NEC	587	RENAL SCLEROSIS NOS
E932.0	ADV EFF CORTICOSTEROIDS	537.9	GASTRODUODENAL DIS NOS	174.9	MALIGN NEOPL BREAST NOS	593.81	RENAL VASCULAR DISORDER
V58.89	AFTERCARE NEC	578.9	GASTROINTEST HEMORR NOS	185	MALIGN NEOPL PROSTATE	239.1	RESPIRATORY NEOPLASM NOS
413.9	ANGINA PECTORIS NEC/NOS	536.3	GASTROPARESIS	193	MALIGN NEOPL THYROID	788.20	RETENTION OF URINE NOS
424.1	AORTIC VALVE DISORDER	240.9	GOITER NOS	153.8	MALIGNANT NEO COLON NEC	714.0	RHEUMATOID ARTHRITIS
716.90	ARTHROPATHY NOS-UNSPEC	599.7	HEMATURIA	155.2	MALIGNANT NEO LIVER NOS	426.4	RT BUNDLE BRANCH BLOCK
789.5	ASCITES	789.1	HEPATOMEGALY	611.71	MASTODYNIA	197.7	SECOND MALIG NEO LIVER
429.2	ASCVD	201.90	HODGKINS NOS-EXTRNOD/NOS	627.8	MENOPAUSAL DISORDER NEC	198.5	SECONDARY MALIG NEO BONE
414.01	ATHRSCL NATIVE COR ART	V10.3	HX OF BREAST MALIGNANCY	627.9	MENOPAUSAL DISORDER NOS	786.05	SHORTNESS OF BREATH
427.31	ATRIAL FIBRILLATION	V10.05	HX OF COLONIC MALIGNANCY	424.0	MITRAL VALVE DISORDER	589.9	SMALL KIDNEY NOS
724.9	BACK DISORDER NOS	V10.87	HX OF THYROID MALIGNANCY	203.00	MULTIPLE MYELOMA	741.00	SPIN BIF W HYDROCEPH NOS
733.99	BONE & CARTILAGE DIS NEC	V10.5	HX OF URINARY MALIGNANCY	787.02	NAUSEA ALONE	724.02	SPINAL STENOSIS-LUMBAR
733.90	BONE & CARTILAGE DIS NOS	V10.11	HX-BRONCHOGENIC MALIGNAN	787.01	NAUSEA WITH VOMITING	789.2	SPLENOMEGALY
426.50	BUNDLE BRANCH BLOCK NOS	V10.46	HX-PROSTATIC MALIGNANCY	596.54	NEUROGENIC BLADDER NOS	721.90	SPONDYLOS NOS W/O MYELOP
592.0	CALCULUS OF KIDNEY	591	HYDRONEPHROSIS	241.1	NONTOX MULTINODUL GOITER	536.8	STOMACH FUNCTION DIS NEC
592.1	CALCULUS OF URETER	252.0	HYPERPARATHYROIDISM	241.0	NONTOX UNINODULAR GOITER	733.95	STRESS FRACTURE OF OTHER BONE
785.2	CARDIAC MURMURS NEC	401.9	HYPERTENSION NOS	V71.1	OBSV-SUSPCT MAL NEOPLASM	593.3	STRUCTURE OF URETER
429.3	CARDIOMEGALY	244.9	HYPOTHYROIDISM NOS	412	OLD MYOCARDIAL INFARCT	784.2	SWELLING IN HEAD & NECK
722.4	CERVICAL DISC DEGEN	737.30	IDIOPATHIC SCOLIOSIS	731.0	OSTEITIS DEFORMANS NOS	729.81	SWELLING OF LIMB
721.0	CERVICAL SPONDYLOSIS	588.9	IMPAIRED RENAL FUNCT NOS	715.98	OSTEOARTHRO NOS-OTH SITE	611.79	SYMPTOMS IN BREAST NEC
723.1	CERVICALGIA	916.4	INSECT BITE HIP & LEG	715.96	OSTEOARTHROS NOS-L/LEG	780.2	SYNCOPE AND COLLAPSE
786.59	CHEST PAIN NEC	719.46	JOINT PAIN-L/LEG	715.95	OSTEOARTHROS NOS-PELVIS	242.90	THYROTOX NOS NO CRISIS
786.50	CHEST PAIN NOS	719.49	JOINT PAIN-MULT JTS	715.91	OSTEOARTHROS NOS-SHLDER	733.6	TIETZE'S DISEASE
786.6	CHEST SWELLING/MASS/LUMP	719.45	JOINT PAIN-PELVIS	715.90	OSTEOARTHROS NOS-UNSPEC	242.00	TOX DIF GOITER NO CRISIS
414.8	CHR ISCHEMIC HRT DIS NEC	719.41	JOINT PAIN-SHLDER	730.28	OSTEOMYELIT NOS-OTH SITE	237.3	UNC BEHAV NEO PARAGANG
414.9	CHR ISCHEMIC HRT DIS NOS	V42.0	KIDNEY TRANSPLANT STATUS	730.26	OSTEOMYELITIS NOS-L/LEG	589.0	UNILATERAL SMALL KIDNEY
416.8	CHR PULMON HEART DIS NEC	573.8	LIVER DISORDERS NEC	733.09	OSTEOPOROSIS NEC	753.20	UNS OBS DEFECT RENAL PEL
585	CHRONIC RENAL FAILURE	V42.7	LIVER TRANSPLANT STATUS	733.00	OSTEOPOROSIS NOS	593.4	URETERIC OBSTRUCTION NEC
571.5	CIRRHOSIS OF LIVER NOS	959.7	LOWER LEG INJURY NOS	V82.81	OSTEOPOROSIS, OTHER SPEC	594.2	URETHRAL CALCULUS
996.81	COMPL KIDNEY TRANSPLANT	722.52	LUMB/LUMBOSAC DISC DEGEN	780.39	OTHER CONVULSIONS	788.31	URGE INCONTINENCE
753.21	CONG OBS URETEROPEL JUNC	724.2	LUMBAGO	959.11	OTHER INJURY OF CHEST WALL	599.0	URIN TRACT INFECTION NOS
428.0	CONGESTIVE HEART FAILURE	721.3	LUMBOSACRAL SPONDYLOSIS	518.89	OTHER LUNG DISEASE NEC	592.9	URINARY CALCULUS NOS
414.00	COR ATHRSCL-UNS VESSEL	611.72	LUMP OR MASS IN BREAST	457.1	OTHER LYMPHEDEMA	599.6	URINARY OBSTRUCTION NOS
786.2	COUGH	202.80	LYMPHOMA NEC-EXTRNOD/NOS	V54.89	OTHER ORTHOPEDIC AFTERCARE		
593.2	CYST OF KIDNEY, ACQUIRED	162.8	MAL NEO BRONCH/LUNG NEC	729.5	PAIN IN LIMB	453.8	VENOUS THROMBOSIS NEC
553.3	DIAPHRAGMATIC HERNIA	162.9	MAL NEO BRONCH/LUNG NOS	785.1	PALPITATIONS	719.26	VILLONOD SYNOVIT-L/LEG

OTHER, (PLEASE SPECIFY ICD-9 CODE)

This list is not all-inclusive, but is a guide only. All diagnosis codes must be coded to the highest level of specificity. The ordering provider represents that the diagnostic information provided with EACH test accurately reflects his/her current knowledge of the nature of severity of complaint or condition, and that this information can be substantiated by the patient's medical record.