

72 West Jimmie Leeds Road, Suite 1100 Galloway, New Jersey 08205 Phone: 855-677-9729

## **NUCLEAR MEDICINE AUTHORIZATION REQUEST FORM**

□ Cardiac □ Biliary Scan   □ Oncology (Skull - Mid Thigh) □ Bone Scan 3 Phase   □ Type of Cancer	_/ Gender (Circle): M
PROVIDER INFORMATION ATTENDING PHYSICIAN  Name: Fax #: INS Provider / Tax ID#: Diagnosis 1: Diagnosis 2: Diagnosis 2: ICD10 Cod Clinical History (Please include lab results, radiology results, prior treatment, symptoms, including  Findings from prior radiology exams:  AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY) PET/CT Brain Cardiac Diagnosis 2: Biliary Ejection Fraction Biliary Scan Biliary Scan Biliary Scan Bone Scan 3 Phase Bone Scan 1 Challed Bone Scan Total Gastric Emptying Scan Liquid Solid Hepatobiliary Scan Liquid Solid Hepatobiliary Scan Liquid Gated (MUGA/Cardiac Blood Pool) Parathyroid Scan Other Characterian Gated (MUGA/Cardiac Blood Pool) Parathyroid Scan Other Other Parathyroid Scan Other	
PROVIDER INFORMATION ATTENDING PHYSICIAN  Name:	_ Phone:
ATTENDING PHYSICIAN  Name:	#:
Name: Fax #:  INS Provider / Tax ID#:  Diagnosis 1:	
Fax #:	
Fax #:	
Diagnosis 1:	
Diagnosis 2:	
Clinical History (Please include lab results, radiology results, prior treatment, symptoms, including  Findings from prior radiology exams:  AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY) PET/CT	e 1 <u>:</u>
AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY)  PET/CT  Brain  Cardiac  Oncology (Skull - Mid Thigh)  Type of Cancer  Melanoma (whole body)  Other  CPT Code:  FDG  NaF  Biliary Ejection Fraction  Biliary Scan  Bone Scan 3 Phase  Bone Scan Limited  Bone Scan Total  Gallium Scan  Gastric Emptying Scan  Liquid  Hepatobiliary Scan  Hepatobiliary Scan  Liquid  Hepatobiliary Scan  Liver/Spleen Scan  Gated (MUGA/Cardiac Blood Pool)  Parathyroid Scan  Other  Other  Other	e 2:
AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY)  PET/CT  Brain  Cardiac  Oncology (Skull - Mid Thigh)  Type of Cancer  Melanoma (whole body)  Other  CPT Code:  FDG  NaF  Biliary Ejection Fraction  Biliary Scan  Bone Scan 3 Phase  Bone Scan Limited  Bone Scan Total  Gallium Scan  Gastric Emptying Scan  Liquid  Hepatobiliary Scan  Hepatobiliary Scan  Liquid  Hepatobiliary Scan  Liver/Spleen Scan  Gated (MUGA/Cardiac Blood Pool)  Parathyroid Scan  Other  Other  Other	duration): (MANDATORY)
AUTHORIZATION REQUEST FOR RADIOLOGY (MANDATORY)  PET/CT	
□ Cardiac □ Biliary Scan   □ Oncology (Skull - Mid Thigh) □ Bone Scan 3 Phase   □ Type of Cancer	
□ Oncology (Skull - Mid Thigh) □ Bone Scan 3 Phase   □ Type of Cancer	Renal Pharmacological Interven
Type of Cancer	☐ Lasix ☐ Captopril
□ Melanoma (whole body) □ Bone Scan Total   □ Other	Salivary Gland Function
☐ Other	Thyroid Uptake and Scan
CPT Code:  Gastric Emptying Scan  Liquid Solid  Hepatobiliary Scan  With Ejection Fraction  Liver/Spleen Scan  Gated (MUGA/Cardiac Blood Pool)  Parathyroid Scan  Other  Other	SPECT Bone
Isotope agent:  Isotope agent:  Isotope agent:  Isotope agent:  In Hepatobiliary Scan  With Ejection Fraction  In Liver/Spleen Scan  In Gated (MUGA/Cardiac Blood Pool)  In Parathyroid Scan  In Other In Other In Indian In Indian In Indian In	SPECT Boile SPECT Brain
Isotope agent:	SPECT Liver
□ FDG □ NaF □ Hepatobiliary Scan with Ejection Fraction □ Liver/Spleen Scan □ Gated (MUGA/Cardiac Blood Pool) □ Parathyroid Scan □ Other	SPECT Liver for Hemangioma
with Ejection Fraction  Liver/Spleen Scan  Gated (MUGA/Cardiac Blood Pool)  Parathyroid Scan  Other	SPECT Tumor Localization
☐ Gated (MUGA/Cardiac Blood Pool) ☐ Parathyroid Scan ☐ Other	
☐ Parathyroid Scan ☐ Other	
Other	
CPT Code:	
☐ Please notify me days before authorization expiration.	
Submitted by: days before authorization expiration.	_ Date://