



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

RADIOLOGY REQUEST FORM
Nuclear Medicine

| | | | |
|------------------------------|-------|----------------|----------------------|
| Patient's Name (Last, First) | _____ | Date of Birth | _____ |
| Patient's Phone Number | _____ | Weight | _____ |
| List Any Allergies | _____ | Diabetic | Yes No |
| Symptoms or Reason for Exam | _____ | ICD-10 Code(s) | _____ |

PLEASE NOTE: Procedures will NOT be performed without a complete and signed order.

PET CT

CARDIOVASCULAR

MUSCULOSKELETAL

RESPIRATORY

HEMATOPOIETIC/LYMPHATIC

GASTROINTESTINAL

WBC & TUMOR IMAGING

GENITORURINARY SYSTEM

NERVOUS SYSTEM

THERAPEUTIC

ENDOCRINE

SPECIAL/MISCELLANEOUS

| | | | |
|---|-------|-------|-------|
| Ordering Provider (Print Name and Title) | _____ | NPI# | _____ |
| Signature (Required) | _____ | Phone | _____ |
| Date | _____ | Fax | _____ |

Please FAX the completed form to 909-558-0141, then call to schedule appointment at 909-558-5533, option 3.

You can place orders and view results faster using [lluhconnection.org](http://lluhconnection.org/loma-linda-university-health-carelink). Learn more at:
<http://lluhconnection.org/loma-linda-university-health-carelink>.