



TEMECULA VALLEY NUCLEAR MEDICINE, INC.

ERNIE G. METH, M.D.

25485 Medical Center Drive, Suite 102 ■ Murrieta, CA 92562

(DO NOT USE MAP QUEST)

951.698.4808 ■ FAX 951.698.4805

Patient Name: _____ Appointment Date: _____ Time: _____

Pertinent Clinical Data: _____ Referring MD: _____

Diagnosis or Reason for Study? _____

Has this patient ever had this scan before? Yes No Any other related x-rays for comparisons? Yes No

(Please provide these or inform us of date and where they may be obtained).

Please send a courtesy copy of the report to: _____

Bone Imaging

- Bone Scan, Whole Body
- Bone Scan, Limited to _____
- Bone Scan, with Flow*(3 Phase)
- Bone Infection, (Gallium versus White Blood Cell)
- Other _____

Cardiac Studies

- Stress Cardiac Perfusion
- Pharmacologic Cardiac Perfusion
- MUGA (Gated Ejection Fraction)
- First Pass E.F. With Exercise
- Vascular Flow
- Venogram
- Other _____

Endocrine / Thyroid

- Technetium Thyroid Scan*
- Thyroid Uptake & Scan*
- Thyroid Uptake*
- Thyroid Metastatic Survey*
- Parathyroid Imaging
- Other _____

Gastrointestinal

- Liver/Spleen
- Biliary With Ejection Fraction
- Salivary Glands
- Meckel's Scan
- Gastric Emptying
- Gastrointestinal Bleeding
- Other _____

Genitourinary

- Renovascular Hypertension Study*
- Kidney Imaging with Flow
- Kidney Transplant Evaluation
- Other _____

Pulmonary

- Lung Ventilation Perfusion
- Lung Perfusion only
- Other _____

DEXA

- Bone Densitometry

Positron Emission

Tomography (PET)*/CT

- Tumor Imaging:
Primary DX _____
- Cardiac _____
- Cervical _____

Central Nervous System Brain

- Cerebral Perfusion Study (SPECT)
- Cisternography
- Cerebrospinal Fluid Leak
- Other _____

Lymphatic System

- Bone Marrow/Imaging
- Lymphoscintigraphy
- Other _____

Therapeutic

- Hyperthyroid Therapy*
- High Dose I-131*
- Zevalin*/Bexxar
- Other _____

Miscellaneous

- Tumor Localization
- Abscess Localization
Gallium _____
White Blood Cell _____
- Other _____

Pain Management

- Samarium/Metastron

* PLEASE CHECK WITH US FOR
IMPORTANT INSTRUCTIONS

(See other side for map and
important instructions)

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Check for special instructions

*Please be prepared to pay the insurance co-payment
on your scan the day of your appointment.*

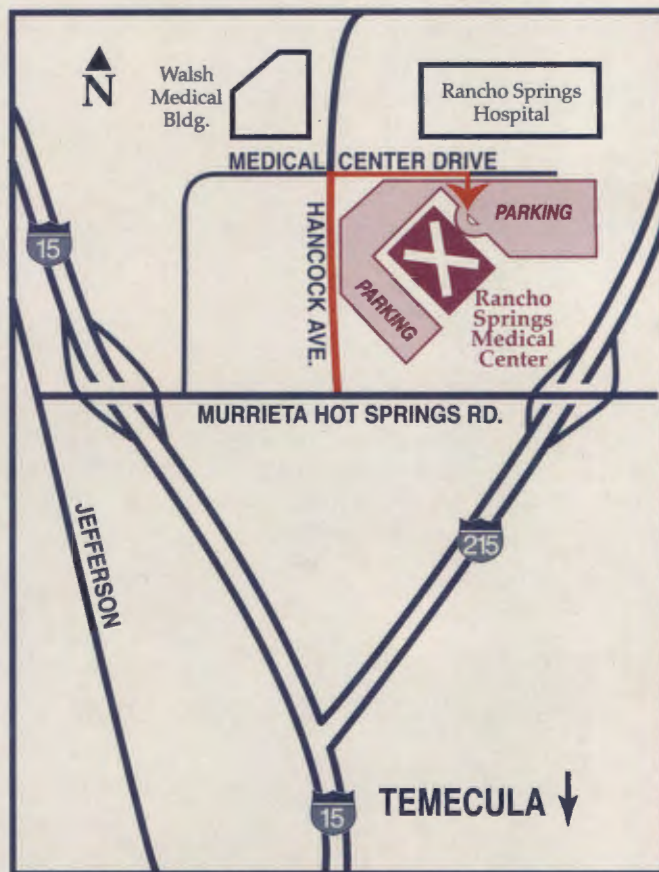
*Please bring your health insurance forms
and card with you.*

*If your physician gave you any of your x-rays,
please remember to bring them with you.*

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DO NOT USE MAP QUEST



Map not to scale