UMass Memorial Health

Nuclear Medicine Scheduling Questions/Requirements

Please refer to this form when scheduling a Nuclear Stress Test
UMMHC NPI# 1831151455

Enter 'value' or circle Y (Yes) or N (No)

What is the patient's height_____ weight _____

Is the patient on Oxygen?   Y or N

Is the patient a diabetic?   Y or N

Is the patient on pain meds?   Y or N

*The NM dept recommends the patient stop pain meds 4hours prior to test