

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**