

Department of Radiology

MSU Clinical Center, Ste D100 (D-Wing)
840 Service Rd, East Lansing, MI 48824

Tax ID 386005984
NPI 1891747614

Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s) _____

Reason for Test or Referral/Signs & Symptoms _____

Male Female Weight _____ Height _____

Insurance Type(s) _____ Precertification Number _____

Please fax Referral Form with the following:

- Most recent History & Physical
- Relevant radiology report(s)—not from MSU
- Relevant pathology report(s)
- Insurance card(s)—front and back
- Most recent progress note(s)

CARDIAC

Gated Blood Pool (Resting MUGA)

CPT CODE 78472

Myocardial Perfusion—Pharmacologic (Lexiscan)

Stress Test & Imaging

CPT CODE 78452

Myocardial Perfusion—Treadmill

Stress Test & Imaging

CPT CODE 78452

THYROID

Radioactive Iodine Uptake with Thyroid Scan (I123)

CPT CODE 78014

PARATHYROID

Parathyroid Imaging

CPT CODE 78070

*Please note that in order to provide your patient(s) with thorough service, MSU Cardiology/
Radiology may modify the ordered exam(s) based on the patient's diagnosis and/or symptoms,
according to our standard of care. Modification(s) will be determined by the interpreting physician.*

Referring Physician/Provider Information

Signature or stamp  _____

Printed Name _____

Form filled out by _____

Office Phone _____

Office Fax _____