

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) \_\_\_\_\_ Preauthorization # \_\_\_\_\_

**Please fax Referral Form with the following:**

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

**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 **X** \_\_\_\_\_ Form filled out by \_\_\_\_\_  
Printed Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Office Fax \_\_\_\_\_