

**MAYAGUEZ MEDICAL CENTER
DEPARTMENT OF NUCLEAR MEDICINE**

**DELINEATION OF PRIVILEGE
MEDICAL PROCEDURES**

NAME:

	Requested	Not Requested	Recommended	Not Recommended
ENDOCRINE:				
THYROID SCAN				
PARATHYROID SCAN				
THYROID UPTAKE				
I-131 THERAPY FOR HYPERTHYROIDISM AND CARCINOMA OF THYROID				
GENITOURINARY:				
RENAL SCAN WITH FLOW (DTPA)				
RENAL MAG3				
RENAL SCAN WITH CAPTOPRIL				
RENAL SCAN WITH LASIX				
CYSTOGRAM				
TESTICULAR SCAN WITH FLOW				
RENAL DMSA				
CNS:				
BRAIN SCAN				
BRAIN FLOW				
BRAIN SPECT				
GASTROINTESTINAL:				
HEPATOBIILIARY SCAN WITH CCK				
WITHOUT CCK				
GASTRIC EMPTYING				
LIVER SCAN				
SPLEEN SCAN				
LIVER SPECT				
MECKEL'S DIVERTICULUM SCAN				
G.I. BLEEDING SCAN				
GASTROESOPHAGEAL REFLUX				
CARDIOVASCULAR AND PULMONARY:				
MYOCARDIAL PERFUSION SCAN INCLUDES: FIRST PASS AND GATED SPECT				

PAGE #2	Requested	Not Requested	Recommended	Not Recommended
PHARMACOLOGICAL AGENTS				
REST-EXERCISE				
MYOCARDIAL INFARCT (PYP)				
MUGA SCAN (REST)				
FIRST PASS HEART SCAN				
VENOGRAM				
LUNG VENTILATION				
SKELETAL:				
BONE SCAN				
BONE FLOW				
BONE SPECT				
JOINT SCAN				
OTHER:				
GALLIUM SCAN				
GALLIUM SPECT				
SALIVARY GLANDS				
LABELLED WBC				
BREAST IMAGING				
ADRENAL IMAGING				
BONE-GALLIUM				
SUBSTRACTION				
METASTRON THERAPY				

 APPLICANT'S SIGNATURE

 DATE

/ / RECOMMENDED

/ / NOT RECOMMENDED

 DEPARTMENT DIRECTOR

 DATE