
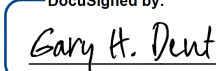


Name of Policy: Protocols for Nuclear Medicine Scope: South Georgia Radiology Associates, LLC Responsible Agent: Heidi Nichols RRA Approving Officer: Dr Gary Dent- SGRA	 Effective Date: 1-11-2025 Initial Effective Date: _____				
<table border="1"><tr><td>_____ New Policy Proposal</td><td>_____ Minor/technical revision of existing policy</td></tr><tr><td>_____ Major revision of existing policy</td><td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td></tr></table>		_____ New Policy Proposal	_____ Minor/technical revision of existing policy	_____ Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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- A. **Policy Statement:** Policy for the usage and application of protocols approved by South Georgia Radiology Associates (SGRA).
- B. **Purpose:** To establish a process for appropriateness and necessity of ordered NM procedures.
- C. **Scope:** This policy applies to all radiology personnel at each facility serviced by the medical staff of South Georgia Radiology Associates, LLC.
- D. **Procedure:**
- * Read over and confirm doctor's order.
 - * Review any x-ray/related exam reports
 - * Push prior relevant studies. Any exams that are 2 years old or older may have to be reloaded into SGRA and pushed with your current study.
 - * Do not assume printed requisition is correct.
 - * Please call SGRA for guidance from radiologists regarding any question you may have about any exam or protocol that may not be listed in this document.
 - * If your facility doesn't have the capability to perform a given exam, let SGRA staff know and a radiologist will advise on alternate sequences/protocol.

Approved by: <div><div>DocuSigned by:</div><div></div><div>AA1014A2F2C94AD...</div></div> Date: 1/12/2025 Dr. Gary Dent MD President, SGRA LLC Review/ Revisions completed by: Heidi Nichols RRARTRCT.	Review/ Revision Date: 4/16/2020 03/31/2022 01/04/2023 01/12/2024 01/11/2025
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