

**PET/CT Scheduler: (541) 334-7555 ♦ TF: (888) 968-7608**
**PET/CT Order Form**
**Fax Orders: (458) 215-4076**

Today's Date: \_\_\_\_\_

**Due to patient privacy laws, we are unable to accept emailed forms. Please fax or print to ensure patient information is not subject to unauthorized access.**
**REPORTING INSTRUCTIONS**
 Fax Report to \_\_\_\_\_

PATIENT LAST NAME (REQUIRED)	FIRST	M	HEIGHT (REQUIRED)	WEIGHT (REQUIRED)	<input type="radio"/> lbs <input type="radio"/> Kg
DATE OF BIRTH (REQUIRED)		PATIENT DAYTIME PHONE		OTHER PHONE	
ORDERING CLINICIAN (REQUIRED) OFFICE LOCATION (if multiple)		CLINICIAN SIGNATURE (REQUIRED – NO STAMPS)			
OFFICE PHONE NUMBER		SEND ADDITIONAL COPIES OF REPORT TO		DATE	
INSURANCE		PA# AND DATE RANGE			

**CLINICAL REASON/ICD CODE(S):**
 **PI – initial treatment strategy** of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing. (Previously Characterization, Diagnosing, and Initial Staging)

 **PS – subsequent treatment strategy** of cancerous tumors when beneficiary's treatment physician determines that the PET study is needed to inform subsequent anti-tumor strategy. (Previously Restaging and Monitoring Response to Therapy)

Primary Diagnosis ICD Code (no rule out or questioning): \_\_\_\_\_

If this is not the primary diagnosis site please indicate site: \_\_\_\_\_

**Primary question to be answered?** \_\_\_\_\_

**PLEASE CHOOSE AN OPTION BELOW:**
 **PET/CT STANDARD** Low-dose CT scan used for attenuation correction only. *No separate CT report or charges.*
 **PET/CT PLUS FULL DIAGNOSTIC CT SCAN(S) with oral/IV contrast.** *Separate reports and charges.*
**PET/CT CHOICE**
 Skull Base to Thigh Oncology General (routine) 78815  Whole Body Oncology General (e.g. Melanoma) 78816

 Metabolic Neurologic (brain) 78608  Sodium Fluoride (NaF18) Bone Scan (whole body) 78816

 Other (specify): \_\_\_\_\_

**FOR PET/CT PLUS FULL DIAGNOSTIC CT INDICATE CT CHOICE BELOW**
 Chest, Abdomen and Pelvis  Soft Tissue Neck  Other (specify): \_\_\_\_\_

 Allergic to Iodine?  Yes  No

**(For exams with diagnostic CT w/ contrast only)**
**If patient is 60 years or older, or if a CT or MRI with IV contrast has been performed within 30 days of PET/CT exam, then current lab values for BUN, Creatinine and GFR are required prior to scanning. (this only applies if PET/CT is ordered with full diagnostic CT scans with IV contrast)**

 Does the Patient have a history of kidney disease? (Including single kidney, failure, transplant, renal cancer or renal surgery)?  Yes  No

**HISTORY: REQUIRED PLEASE COMPLETE ALL QUESTIONS**

 Is Patient Diabetic?  Yes  No If yes, how is it controlled?  Diet  Oral Meds  Insulin

 Is Patient Ambulatory?  Yes  No If no, how will patient be transported?

 History of Melanoma?  Yes  No If yes, recommendation is Whole Body PET/CT.

All patients will have their blood sugar tested prior to imaging, if results &gt;200mg/dL exam will be rescheduled.

If patient has had prior imaging, indicate where, when and diagnosis: \_\_\_\_\_

**Has patient had previous PET or PET/CT imaging for the same diagnosis?**  No  Yes Location & approximate date: \_\_\_\_\_

 Has patient had therapy?  Chemo  Radiation  Other: \_\_\_\_\_ Date of last therapy: \_\_\_\_\_

 Recent surgeries?  Yes  No Describe: \_\_\_\_\_

 Is patient taking marrow stimulants? (e.g. Neupogen, Neulasta)  Yes  No Patient will lie on back for up to 45 minutes

Please RX as needed for pain, anxiety or claustrophobia.

**PLEASE FAX ALL APPLICABLE DOCUMENTS**
 Biopsy & Pathology reports  H & P  Prior (non OIC) imaging reports
