



0700001

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PET/CT REQUEST FORM

Insurance Company & Plan	Pre Auth #	Attending MD/PIC #	Ordering MD/PIC #
Referring Clinic/Send report to	Contact Name & Phone	Box & Fax #	

- **Initial Treatment Strategy** = Diagnosis and Staging
- **Subsequent Treatment Strategy** = RX Monitoring, Restaging and/or Detection of Suspected Recurrence
- CMS patients - For Cancers other than those listed, **ONLY 1 PET** is covered for initial treatment strategy. If an additional PET is requested, patient should be entered into NOPR* for CMS coverage. See second page for specific information.
- **Private insurance coverage may vary.**

Oncology Indications	Initial Treatment Strategy	Subsequent Treatment Strategy
Breast CA	<input type="checkbox"/>	<input type="checkbox"/>
Cervical CA	<input type="checkbox"/>	<input type="checkbox"/>
Colorectal CA	<input type="checkbox"/>	<input type="checkbox"/>
Esophageal CA	<input type="checkbox"/>	<input type="checkbox"/>
Head & Neck CA	<input type="checkbox"/>	<input type="checkbox"/>
Lung CA	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoma	<input type="checkbox"/>	<input type="checkbox"/>
Melanoma	<input type="checkbox"/>	<input type="checkbox"/>
Myeloma	<input type="checkbox"/>	<input type="checkbox"/>
Ovarian CA	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Nodule	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid CA	<input type="checkbox"/>	<input type="checkbox"/>
Primary Brain Tumor	<input type="checkbox"/>	<input type="checkbox"/> if CMS must go in NOPR*
Other Body Tumor Specify _____	<input type="checkbox"/>	<input type="checkbox"/> if CMS must go in NOPR*

Choose Exam Type:

<input type="checkbox"/>	Whole Body (eyes to thighs)
<input type="checkbox"/>	Total Body (head to toe)
<input type="checkbox"/>	Limited specify area _____
<input type="checkbox"/>	Brain

Is the patient Diabetic? Yes or No

Blood Glucose testing is performed on each patient as part of the PET/CT exam.

Diabetic patients should have blood sugar under good control. Serum glucose levels >150 mg/dL result in reduced image quality.

Clinical Indications:	ICD-9 Dx Code:
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Non-Oncology Indications	
Alzheimer's / Fronto-Temporal Dementia	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>
Other: Specify _____	<input type="checkbox"/>

Prep Instructions:

1. Diabetic patient must be **NPO 4 hours** prior to appointment (**plain water ONLY**)
2. Non-diabetic patient must be **NPO 6 hours** prior to appointment (**plain water ONLY**)
3. **Some patients may need to have a Foley bladder catheter** placed in order to get good visualization of the pelvis.
4. **Total visit time will be approx. 3 hours:** Medical history is taken, Blood Glucose level tested, IV started, FDG is injected and circulates in the body for 45 minutes while the patient rests quietly, IV is removed. Patient is asked to empty bladder, the scan is performed. Scan (table time) will last approx. 45 minutes, depending on what is being scanned.

*National Oncology PET registry

I attest to the accuracy of the above information and to the medical necessity of the exam ordered.

Ordering LIP _____

Signature _____ Date _____ pic#/phone# _____

Fax order to Nuclear Medicine @ 434-243-9231
To Schedule PET/CT Exams call 434-924-9358 or 434-924-9363