

PET IMAGING ORDER FORM

Patient Information

Patient Name		DOB	
Phone	Email		
Address	City	State	Zip

Provider Information

Provider Name		NPI	
Office Name			
Office Address	City	State	Zip
Office Phone	Fax		

Reason for Ordering a PET/CT Scan

<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Staging (pre-treatment)
<input type="checkbox"/> Restaging (post-treatment) Re-Staging: Using PET/CT after an entire course of therapy is completed to see if the treatment worked or if there is persistent disease. Re-staging should be used when a physician is trying to identify a recurrence.	<input type="checkbox"/> Treatment Monitoring/Assessment Treatment Assessment: Using PET/CT to scan a patient during a planned course of chemotherapy or radiation therapy to see if the therapy is working and determine if the patient should continue on the same course of therapy

Order: Integrated PET/CT Scan

<input type="checkbox"/> 78815 Body	<input type="checkbox"/> PET/CT Plus Full Diagnostic CT Scan(s)
<input type="checkbox"/> Axumin (Fluciclovine) <input type="checkbox"/> NETSPOT (Ga-68 dotatate)	Body Areas for CT: <input type="checkbox"/> Brain <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abd <input type="checkbox"/> Pelvis
<input type="checkbox"/> 78816 Body (head-to-toe; e.g, melanoma)	Other:
<input type="checkbox"/> 78816 F18 Bone Scan (NaF)	<input type="checkbox"/> Oral Contrast <input type="checkbox"/> IV/Contrast: <input type="checkbox"/> w/ <input type="checkbox"/> w/o <input type="checkbox"/> w/ & w/o
<input type="checkbox"/> 78608 Brain (Primary brain metabolic protocol)	<input type="checkbox"/> Contrast at Radiologist Discretion and Patient History
<input type="checkbox"/> 78814 Brain – Amyloid (Alzheimer’s.MCI) (optional) <input type="checkbox"/> Neuraceq <input type="checkbox"/> Vizamyl <input type="checkbox"/> Amyvid	Is exam for radiation therapy planning?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Is patient currently undergoing a planned course therapy? Yes No

When is patient's next treatment?

Previous PET/CT scan facilities/dates for comparison?

What questions do you want the PET/CT scan to answer?

Physician Signature : _____ Date : _____