



# PET/CT Order Form

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

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

PET/CT Scheduler: (541) 334-7555 TF: (888) 968-7608

Fax Orders: (458) 215-4076

Online Orders: <https://scheduling.oregonimaging.com>

### REPORTING INSTRUCTIONS

Fax Report to \_\_\_\_\_

|   |       |  |                   |                   |   |
|---|-------|--|-------------------|-------------------|---|
| PATIENT LAST NAME (REQUIRED)                                | FIRST | M  | HEIGHT (REQUIRED) | WEIGHT (REQUIRED) | <input type="checkbox"/> lbs<br><input type="checkbox"/> 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 CHOICE

- |   |   |
|---|---|
| <input type="checkbox"/> Skull Base to Thigh Oncology General (routine) 78815   | <input type="checkbox"/> Whole Body Oncology General (e.g. Melanoma) 78816    |
| <input type="checkbox"/> Metabolic Neurologic (brain) 78608   | <input type="checkbox"/> Sodium Fluoride (NaF18) Bone Scan (whole body) 78816 |
| <input type="checkbox"/> AXUMIN (78815)—Mark PET/CT Standard<br>(diagnostic CT's are not to be performed with this study) | <input type="checkbox"/> NETSPOT (78815)—Mark only PET Standard               |

**PET/CT PLUS FULL DIAGNOSTIC CT SCAN(S) with contrast.** Separate reports and charges.

#### PET/CT CHOICE

- |   |  |
|---|--|
| <input type="checkbox"/> Skull Base to Thigh Oncology General (routine) 78815 | <input type="checkbox"/> Whole Body Oncology General (e.g. Melanoma) 78816 |
|---|--|

#### INDICATE CT CHOICE BELOW

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chest, Abdomen and Pelvis | <input type="checkbox"/> Soft Tissue Neck | <input type="checkbox"/> Other (specify): _____          |
| <input type="checkbox"/> With Contrast             | <input type="checkbox"/> Without Contrast | <input type="checkbox"/> At Radiologists discretion      |
| Allergic to Iodine?                                |   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 >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

