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)** ◯lbs ◯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

◯ Skull Base to Thigh Oncology General (routine) 78815
◯ Metabolic Neurologic (brain) 78608
◯ Prostate specific tracer (78815)—Mark PET/CT Standard (diagnostic CT's are not to be performed with this study)
◯ Whole Body Oncology General (e.g. Melanoma) 78816
◯ Sodium Fluoride (NaF18) Bone Scan (whole body) 78816
◯ NETSPOT (78815)

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

PET/CT CHOICE

◯ Skull Base to Thigh Oncology General (78815)
◯ Whole Body Oncology General (e.g. Melanoma) (78816)

INDICATE CT CHOICE BELOW

◯ Chest, Abdomen and Pelvis ◯ Soft Tissue Neck ◯ Other (specify): ____________
◯ With Contrast ◯ Without Contrast ◯ At Radiologists discretion 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 **>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