



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: (541) 334-7564

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

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 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
- Prostate specific tracer (78815)—Mark PET/CT Standard NETSPOT (78815)
 - Ordering provider attests that if for initial treatment strategy (PI) eligibility is per NCCN Guidelines.

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

