



PET/CT Scan Request Form

**WEB SITE
DOWNLOAD**

Patient Information

PATIENT NAME: _____ TODAY'S DATE: _____

DATE OF BIRTH: _____ SSN: _____ WT/HT: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

PET/CT EXAM REQUESTED - Check appropriate box below:

Clinical Indications: _____

- | | |
|--|---|
| <input type="checkbox"/> Brain | <input type="checkbox"/> Non-melanoma Skin Cancer |
| <input type="checkbox"/> Breast Cancer ^{1,2} | <input type="checkbox"/> NSC Lung Cancer |
| <input type="checkbox"/> Cervical Cancer ³ | <input type="checkbox"/> Ovarian Cancer ³ |
| <input type="checkbox"/> Colorectal Cancer | <input type="checkbox"/> Pancreatic Cancer |
| <input type="checkbox"/> Esophageal Cancer | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Gall Bladder and Extrahepatic Bile Ducts | <input type="checkbox"/> Renal and Urinary Tract Cancer |
| <input type="checkbox"/> Head and Neck Cancer (excludes brain and CNS) | <input type="checkbox"/> Small Cell Lung Cancer |
| <input type="checkbox"/> Liver and Intrahepatic Bile Duct Cancer | <input type="checkbox"/> Soft Tissue Sarcoma |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Solitary Pulmonary Nodule |
| <input type="checkbox"/> Melanoma ¹ | <input type="checkbox"/> Stomach Cancer |
| <input type="checkbox"/> Myeloma | <input type="checkbox"/> Testicular Cancer |
| | <input type="checkbox"/> Thyroid Cancer ⁴ |

Reason for scan: Diagnosis Staging Restaging Evaluate Response to Therapy

1 - PET/CT is non-covered for initial staging of axillary lymph nodes in patients with breast cancer and regional lymph nodes in patients with melanoma.
 2 - PET/CT is non-covered for 'diagnosis' of breast cancer to evaluate a suspicious breast mass.
 3 - Patient must have a prior CT or MRI negative for extrapelvic metastatic disease otherwise must be entered under NOPR.
 4 - Coverage for PET/CT is only for follicular cell cancer, previously treated by thyroidectomy and radioiodine ablation, a serum THG >10ng/ml, and a negative whole-body I-131 scan. If any one of these do not apply, the patient can be scanned under the NOPR.

NOTE: The above indications are approved by Medicare effective as of 04/06/2009. Most private insurance companies follow the CMS (Medicare) coverage guidelines.

Please call us for information on additional indications for oncological PET/CT imaging under the auspices of the 2009 National Oncological PET Registry (NOPR 2009).

Urgency Level STAT ASAP Other _____

IS A DIAGNOSTIC CT ALSO DESIRED: YES NO WITH CONTRAST WITHOUT CONTRAST

Dx CT LOCATION DESIRED: Head Neck Thorax Abdomen Pelvis

CURRENT DIAGNOSIS: _____ **ICD-9 CODE:** _____

Referring Clinician Name: _____ **SIGNATURE:** _____

Allergies to contrast YES NO

Office Contact Person: _____ **Phone #:** _____ **FAX #:** _____

Please attach, or send ASAP, any relevant Chart Notes, Diagnostic Reports, Pathology Reports, and other relevant information .

PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF THE PATIENT'S CURRENT INSURANCE CARD.

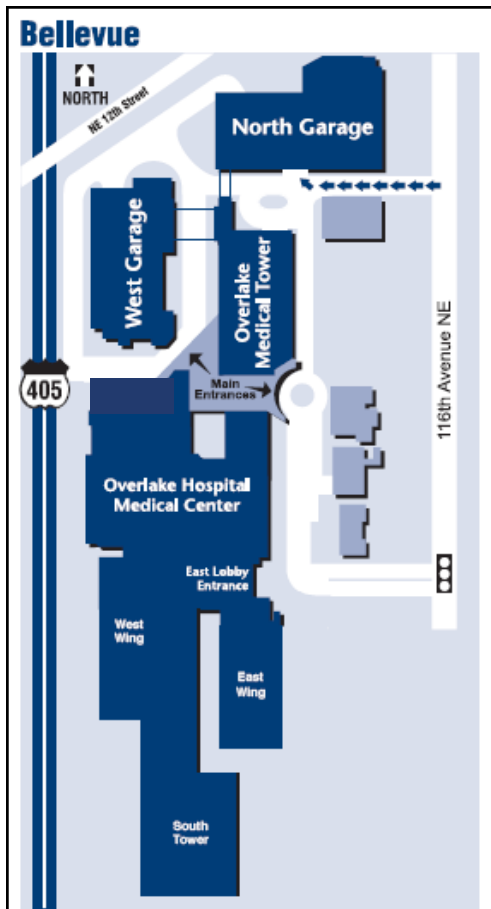
Preparation for your PET/CT Scan

- No strenuous exercise for 24 hours prior to the PET/CT scan.
- You must not eat or drink anything (including chewing gum, vitamins, coffee, etc. for at least 12 hours prior to your PET scan. Water is okay but nothing else. You will be instructed to follow a high protein/ low carbohydrate at least 24 hours prior to your exam. Our PET/CT referral coordinator will be calling you to give more instructions on the exact diet.
- Diabetic patients should request an early morning appointment as blood sugar levels are typically at their lowest first thing in the morning.
- Patients taking oral anti-hyperglycemic agents, patients taking insulin, or other patients concerned about their blood sugar levels should inform the WIS staff when they are called with the preparation for the exam.
- Elevated blood sugar levels above 150 mg/dl can interfere with test results and above 200 mg/dl will make it necessary to reschedule the PET/CT exam.
- Medications may be taken with water. (Consult your physician if there are any questions concerning your medications). Do not take vitamins on the day of your PET/CT scan until after it has been completed.
- Intravenous fluids containing glucose or TPN should be discontinued at least 12 hours prior to the study.
- Parking will be provided free of charge. Simply show your parking stub to the front desk and they will validate it for you.

Contraindications

- **Over 400 lbs. body weight**

- **Pregnancy / Breast feeding**



OVERLAKE MEDICAL TOWER

1135 116th Ave, N.E., Ste. 260

Bellevue, WA 98004

425-688-0100, Ext 8133

How to find us in Bellevue:

Southbound

Exit I-405 at N.E. 8th St., eastbound. Merge to the left lane and turn left (north) at 116th Ave. N.E. Go past the next light and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

Northbound

Exit I-405 at N.E. 4th St. Turn right on N.E. 4th St. and turn left on 116th Ave. N.E. Go past two lights and turn left at signage toward hospital parking. Turn right into the North Garage. Take the elevator to the street level and walk across the street to the Overlake Medical Tower. Washington Imaging Services is straight ahead down the hall.

When will I know my results?

One of our board certified radiologists will interpret the images and usually prepare a written report for your referring clinician the same day as your exam. The imaging study done at WIS (Washington Imaging Services) may be only one tool in your clinician's work up - they may need additional time to correlate all of the associated reports and data before they are ready to talk to you. WIS and your referring clinician politely request that you wait for your clinician's office to contact you about the scan results.

