

Today's Date: _____
 Patient Name: _____
 Address: _____

 RCC #: _____
 Social Security #: _____
 DOB: _____
 Phone: _____

PET/CT Scheduling Request

Please FAX form to: 814-836-2648
 Phone: 814-836-2642



Check In Time: _____

Date of Service: _____

PET orders for PET scan (select ONE line only)

- | | | |
|---|---------------|------------|
| <input type="checkbox"/> Standard Scan (skull base through mid thigh) | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> Whole Body Scan (head through toes - Melanoma patients only) | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> PET Limited Scan only (multiple areas must be contiguous selections): | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> neck <input type="checkbox"/> chest <input type="checkbox"/> abdomen <input type="checkbox"/> pelvis | | |

You must select CT orders to correlate with PET (see reverse for instructions)

- | | | |
|--|---------------|------------|
| <input type="checkbox"/> CT for PET Attenuation Correction Only (no CT report given) | | |
| <input type="checkbox"/> Diagnostic (neck) | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> Diagnostic CT (chest) | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> Diagnostic CT (abdomen) | Auth #: _____ | Exp: _____ |
| <input type="checkbox"/> Diagnostic CT (pelvis) | Auth #: _____ | Exp: _____ |

IV Contrast: Yes No

Lab work must be completed within 4 weeks of scheduled exam for diagnostic CT orders with IV contrast.

BUN: _____ GFR: _____ Creatinine: _____

Initial treatment decision making (diagnosis/staging)

All cancers are now covered for 1 scan prior to treatment, except prostate subject to medical necessity.

Subsequent treatment decision making (restaging / response to treatment)

- | | | | |
|---|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Solitary pulmonary nodule/lung | <input type="checkbox"/> Colorectal | <input type="checkbox"/> Ovarian | <input type="checkbox"/> Breast |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Multiple Myeloma | <input type="checkbox"/> Esophageal | <input type="checkbox"/> Head/Neck |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Other: _____ | |

Diagnosis: _____ ICD-9 Code: _____ CPT Code: _____

Scheduling Comments: _____

INSURANCE INFORMATION

Primary Insurance: _____ Secondary Insurance: _____

ID #: _____ ID #: _____

Group#: _____ Group #: _____

Rep Name: _____

If no auth required, name of person spoken to: _____

FAX all of the following information with scheduling request:

- | | | |
|---|---|--|
| <input type="checkbox"/> Most recent imaging report | <input type="checkbox"/> Pathology report | <input type="checkbox"/> Labs (within 4 weeks) |
| <input type="checkbox"/> Physician progress note (need only if proving medical necessity) | | |

MD Name (print): _____ MD Signature: _____

Office Phone: _____ Office Contact: _____

How to Use This Form

The following instructions will step you through the ordering process.

PET orders for PET scan (select one only)

- Standard Scan (skull base to mid thigh): the area to be imaged will be from skull base to mid thigh. If you would like the head included write *"include head"* in the scheduling comment section of this form.
- Whole Body Scan (head through toes -- *Melanoma patients only*): these images would include the top of skull through the toes.
- PET Limited Scan only: for this category, select from the boxed selections (neck, chest, abdomen, or pelvis). Must be contiguous selections if more than one area is selected.

You must select CT orders to correlate with PET

This section gives the ordering physician the ability to order a Diagnostic CT or a CT for PET Attenuation Correction Only with the patient's PET scan order.

- A CT for PET Attenuation Correction Only order provides the ordering physician with only a PET scan report. NO separate CT report will be generated.
 - If you would like the CT for attenuation only performed with PET orders, please select that option.
- A Diagnostic CT order provides the ordering physician with a separate CT report of the areas selected in addition to the PET scan report.
 - For a Diagnostic CT order: (neck) (chest) (abdomen) (pelvis) must be selected for Standard Scan PET orders and Whole Body Scan PET orders.
 - For a PET Limited Scan only order: please select the Diagnostic CT options that correlate with body area(s) selected for the PET order.
 - "Include head" in the scheduling comments of this form: the head will be dictated on the PET report; a separate CT report of the head will not be dictated.
 - All Diagnostic CT orders must indicate if the procedure will be done with or without IV contrast. All IV contrast orders require patients to have had lab values drawn for BUN and Creatinine no later than 4 weeks from the scheduled appointment.
- Separate authorization numbers will need to be obtained for the PET order and the CT areas selected. Record authorization numbers and the expiration dates in the space provided. Also, record all CPT codes used to get the authorizations in the CPT code space provided.

If you have any questions, please contact the PET CT Department at 814-838-0491.

This form is available at www.trcc.org in the Referring Physician tab.