

PET/CT ORDER FORM



MT BAKER PET/CT

2930 Squaticum Parkway, Suite 201
Bellingham, WA 98225

Scheduling: (360) 647-2422
Fax: (360) 255-2263

Your PET/CT study is scheduled for:

Date: _____ Time: _____

[1.] Patient Name	[2.] Date of Birth	[3.] Height	[4.] Weight	[5.] Patient Telephone #
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[6.] Referring Physician	[7.] Referring Office	[8.] Physician Telephone #
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<p style="text-align: center;">Please fax copy of patient's insurance card or authorization with this order.</p>	<p>[9.] Primary Insurance:</p> <hr/> <p>Secondary Insurance:</p> <hr/>
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[10.] Prescreening Questionnaire:

Pregnant: Y <input type="checkbox"/> N <input type="checkbox"/> Diabetes: Y <input type="checkbox"/> N <input type="checkbox"/> Time of Blood Draw _____ Blood Sugar Level _____	Previous CT <input type="checkbox"/> MRI <input type="checkbox"/> PET <input type="checkbox"/> Pathology: Y <input type="checkbox"/> N <input type="checkbox"/> Radiation Therapy: Y <input type="checkbox"/> N <input type="checkbox"/>	<p style="text-align: center;">PRIOR STUDIES/TREATMENT</p> Where: _____ When: _____ Where: _____ When: _____ Physician: _____ When: _____
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[11.] INDICATIONS For Medicare patients: Diagnosis and Initial Staging will be covered under Initial Treatment Strategy. Restaging and Monitoring Response to Therapy will be covered under Subsequent Treatment Strategy.

<p>Bladder</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <p>Brain</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Monitoring response to therapy <p>Breast Cancer Female and Male</p> <input type="checkbox"/> Staging for metastasis <input type="checkbox"/> Re-Staging for metastasis <input type="checkbox"/> Monitoring response to therapy <p>Cervical Cancer*</p> <input type="checkbox"/> Staging <input type="checkbox"/> Extra Pelvic Mets <input type="checkbox"/> Monitoring response to therapy <small>*PET is non-covered for "diagnosis" of cervical cancer. However, PET is covered for initial staging of cervical cancer and subsequent treatment strategy.</small> <p>Colorectal Cancer</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Esophageal Cancer</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Head & Neck Cancer (except CNS & Thyroid)</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy	<p>Lung Cancer – NSCLC</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Lung, small cell</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <p>Lymphoma</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Melanoma</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Myeloma</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy <p>Ovary</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Re-Staging (post treatment) <input type="checkbox"/> Monitoring response to therapy	<p>Pancreas</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <p>Soft Tissue Sarcoma</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Monitoring response to therapy <p>Solitary Pulmonary Nodule</p> <input type="checkbox"/> SPN ≤ 4 cm (May be repeated after 90 days if previous PET study was negative. MUST be a "single" nodule) <p>Stomach</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <p>Testicular</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Monitoring response to therapy <p>Thyroid</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <p>Thyroid – Post Ablation</p> <input type="checkbox"/> Re-Staging (post treatment) <p>All other solid tumors</p> <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging (prior to treatment) <input type="checkbox"/> Monitoring response to therapy
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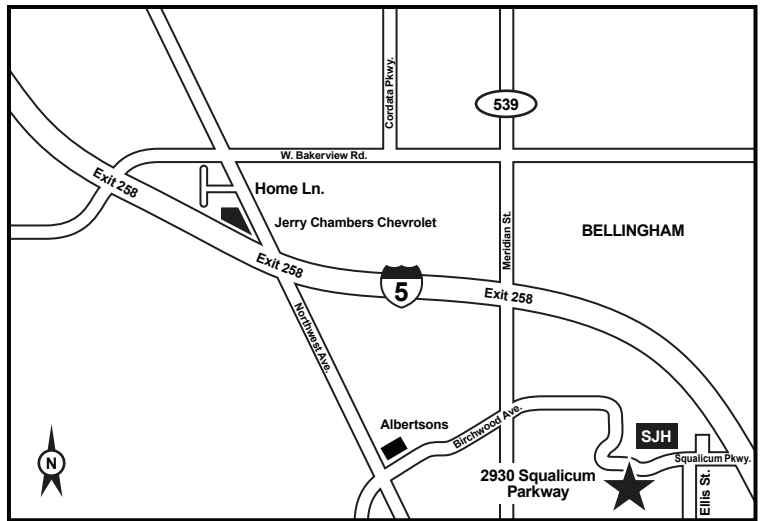
[12.] Other PETCT Indications, NOPR, Neurology and Cardiology Applications, or Special Instructions

[13.] Clinical History:	Current Diagnosis/ICD10 Code:
<i>Primary question to be answered?</i>	

[14.] Physician's or Nurse Practitioner's Signature Only	[15.] UPIN#/NPI#	[16.] Date
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Please retain a copy of this form in the patient's medical record.

LOCATION MAP



PATIENT PREPARATION FOR PET/CT

For best results with your PET/CT scan, please follow these instructions. If you have any questions about the scan or your appointment, please call us at (360) 733-0430.

Instructions and Requirements for All Patients

- No food or drink (other than water) for 6 hours prior to scan (including gum, breath mints, cough drops, hard candy or anything that may contain sugar).
- You may drink ONLY water up to the time of your scan. It must be plain, unflavored water, no tea or coffee. Anything other than plain water could alter the results of your scan.
- It is highly recommended that you follow a high protein, low carbohydrate diet for 24 hours prior to your test to increase the quality of your PET/CT images.
- No strenuous exercise 24 hours prior to your scan.
- Take medications as scheduled prior to your scan as long as they are tolerated on any empty stomach.
- Wear warm, loose-fitting clothing; the scanning room tends to be quite cool. You will NOT be required to remove the clothing prior to the scan.
- Avoid wearing any metal that cannot be removed during the scan (including under wire bra, jewelry and hair pins/clips).
- Allow 2 hours for your appointment. For the scan itself you must be able to lay still and mostly flat for about 30 minutes.
- If you need pain or anxiety medication, bring medication prescribed by your physician, with you to your exam to take upon arrival.

Additional Instructions for Diabetic Patients

- Diabetics who take ORAL medications should wait until the scan is completed to take them.
- Subcutaneous insulin dependent diabetics should have their last injection 2 hours prior to the exam.

Suggested Diet the day before Your PET/CT Scan

Follow this high protein / low carbohydrate diet. (**Remember:** No food for 6 hours prior to your scan.) If you are a vegetarian, you may replace the suggested meat portions with high protein / low carbohydrate meat substitutes.

BREAKFAST	LUNCH	DINNER
<ul style="list-style-type: none"> • 2 eggs, any style • Bacon, sausage or meat substitute • Water <p>No juice No toast No potatoes</p>	<p>Entrees (choose one)</p> <ul style="list-style-type: none"> • 8 oz. grilled steak • 8 oz. grilled salmon fillet • Half a chick, backed or broiled <p>Side items (choose one)</p> <ul style="list-style-type: none"> • Asparagus, grilled or steamed • Broccoli, grilled or steamed • Mushrooms, sautéed • Any green vegetable salad 	<p>Entrees (choose one)</p> <ul style="list-style-type: none"> • 8 oz. grilled steak • 8 oz. grilled salmon fillet • Half a chick, backed or broiled <p>Side items (choose one)</p> <ul style="list-style-type: none"> • Asparagus, grilled or steamed • Broccoli, grilled or steamed • Mushrooms, sautéed • Any green vegetable salad

FOOD TO AVOID: Refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yam, cereal, rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, all sodas, all fruit juices.