

# PET/CT REQUEST

Not a local number, must dial 1-800-371-4926.



Please call to schedule at 402-644-7121 or Fax information to 402-844-8393

## SECTION I - Must include the following with a PET/CT Request Form:

- Copy of front & back of patient's insurance card
  - Send all related radiology films or reports with patient
  - All related radiology & Lab work results
- (If not available at the time of the scan, interpretation MAY be delayed.)

Please inform us if your patient is on oxygen, diabetic, disabled, claustrophobic, or needs other assistance.

<b>SECTION II Facility Name / Location</b>		Physician
Patient SS#		Physician Phone #
Patient Name		Physician Fax #
Date of Birth	Gender (M/F)	Primary Insurance (Include copy of insurance card)
Home Phone #		Primary Insurance Phone #
Work/Other Phone #		Pre-Certification/Authorization #
Best Time to Contact	Requested Scan Date	Secondary Insurance (Include copy of insurance card)
Diabetic Yes                      No	Weight/Height	Secondary Insurance Phone #

## SECTION III - one of the following boxes must be checked to complete this request.

PET/CT Scan Codes		Brain/Heart PET/CT Scan Codes	
<input type="checkbox"/>	Standard Body Study (Skull Base-Mid Thigh) 78815	<input type="checkbox"/>	Myocardial Imaging, metabolic evaluation* 78459
<input type="checkbox"/>	Whole Body Evaluation Imaging (Skull Vertex to Toes) 78816	<input type="checkbox"/>	Brain Metabolic Imaging, metabolic evaluation* 78608
<input checked="" type="checkbox"/>	Radiopharmaceutical (FDG) A9552	* Skip to Section V	

## SECTION IV - one of the following must be checked to complete this request.

Type of Cancer \_\_\_\_\_ Histologically Proven  Suspected

### Indications

Brain; Initial Treatment Strategy	<input type="checkbox"/>	Melanoma; Subsequent Treatment Strategy	<input type="checkbox"/>
Breast; Initial Treatment Strategy	<input type="checkbox"/>	Myeloma; Initial Treatment Strategy	<input type="checkbox"/>
Breast; Subsequent Treatment Strategy	<input type="checkbox"/>	Myeloma; Subsequent Treatment Strategy	<input type="checkbox"/>
Cervical; Initial Treatment Strategy	<input type="checkbox"/>	Non-Small Cell Lung; Initial Treatment Strategy	<input type="checkbox"/>
Cervical; Subsequent Treatment Strategy	<input type="checkbox"/>	Non-Small Cell Lung; Subsequent Treatment Strategy	<input type="checkbox"/>
Colorectal; Initial Treatment Strategy	<input type="checkbox"/>	Ovarian; Initial Treatment Strategy	<input type="checkbox"/>
Colorectal; Subsequent Treatment Strategy	<input type="checkbox"/>	Ovarian; Subsequent Treatment Strategy	<input type="checkbox"/>
Esophageal; Initial Treatment Strategy	<input type="checkbox"/>	Pancreatic; Initial Treatment Strategy	<input type="checkbox"/>
Esophageal; Subsequent Treatment Strategy	<input type="checkbox"/>	Small Cell Lung; Initial Treatment Strategy	<input type="checkbox"/>
Head & Neck (Non-Thyroid or CNS); Initial Treatment Strategy	<input type="checkbox"/>	Soft Tissue Sarcoma; Initial Treatment Strategy	<input type="checkbox"/>
Head & Neck (Non-Thyroid or CNS); Subsequent Treatment Strategy	<input type="checkbox"/>	Testicular; Initial Treatment Strategy	<input type="checkbox"/>
Lymphoma; Initial Treatment Strategy	<input type="checkbox"/>	Thyroid; Initial Treatment Strategy	<input type="checkbox"/>
Lymphoma; Subsequent Treatment Strategy	<input type="checkbox"/>	Thyroid; Subsequent Treatment Strategy	<input type="checkbox"/>
Melanoma; Initial Treatment Strategy	<input type="checkbox"/>	All other solid tumors; Initial Treatment Strategy	<input type="checkbox"/>
<input type="checkbox"/> OTHER:			
<input type="checkbox"/> NOPR:			

## SECTION V - one of the following must be checked to complete this request.

### Treatment

Has patient had treatment?  YES  NO

Type:  Chemotherapy Date of Last Tx: \_\_\_\_\_  Radiotherapy Date of Last Tx: \_\_\_\_\_  
 Other: \_\_\_\_\_ Date of Last Tx: \_\_\_\_\_

Physician Signature	
Diagnosis	ICD-9 #
Reason for scan	

**MUST SUPPLY FILMS/REPORTS FOR ALL STUDIES PREVIOUSLY PERFORMED FOR PRESENT CONDITION WITH THIS REQUEST.**