



Place Patient Label Here

To schedule a patient please call (541)812-4566 and Fax this form along with an H&P to (541)812-4569

Your PET/CT Study is scheduled for:
Date:
Time:

Patient Name:
Date of Birth:
Patient Phone #:
Referring Physician:
Referring Office:
Physician Phone #:
Please fax copy of the patient's Insurance card or authorization with this order.
Primary Insurance:
Secondary Insurance:
Primary question(s) to be answered:
Current Diagnosis:
Diagnosis Code(s):

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.

Bladder Cancer:
Brain Metabolism: {78608}
Breast Cancer: Female & Male
Cervical Cancer:
Colorectal Cancer:
Esophageal Cancer:
Pancreas:
Lung Cancer: NSCLC
Lung: Small Cell
Lymphoma:
Melanoma: {78816}
Myeloma:
Ovary:
Head & Neck Cancer (except CNS & Thyroid)
Soft Tissue Sarcoma:
Solitary Pulmonary Nodule (SPN)
Stomach:
Testicular:
Thyroid:
Thyroid - Post Ablation:
All Other Solid Tumors:

Other PET/CT indications: NOPR, Neurology, Cardiology Applications or Special Instructions:

Table with 4 columns: Weight, Height, Pregnant, Diabetic, and Oncology Application codes (78814, 78815, 78816, 78608).

Previous: [] CT, [] MR, [] PET, [] NUC MED Where/When:
Previous: [] Pathology, [] Chemotherapy, [] Radiation Therapy? Where/When:

MD/ARNP Signature:
UPIN#/NPI#:
Date/Time:



Date of Exam: _____ Time: _____

Your physician has ordered a PET/CT exam for you. A PET/CT exam is one of the most powerful imaging tools that physicians can use to help diagnose and treat patients with cancer and other diagnoses.

Please follow these instructions to prepare you for your PET/CT Exam. Proper preparation is critical so we can provide the most accurate diagnostic information to your physician.

72 Hours Prior to Your PET/CT Exam

- If you are claustrophobic and need anti-anxiety medications while having this procedure, please obtain a prescription from your physicians beforehand so you can bring the medication with you. We are not able to provide it for you.

24 Hours Prior to Your PET/CT Exam

- High fat, high-protein, no starch (no sugar) diet 24 hours before the procedure (see Dietary Preparations below)
- No strenuous exercise. (aerobic, weight-lifting, treadmill, etc.)
- No nicotine, caffeine, or alcohol prior to exam.
- No common cold medications prior to exam.

Dietary Preparations (24 hours prior)

DO NOT EAT:

- Bread, pastry, cereal and pasta
- Fruits or tomatoes
- Desserts, muffins, crackers, candy, cookies, cakes, ice cream, yogurt, jams and jellies
- Soft drinks, milk, soy milk, juices, beer and other alcoholic beverages
- Starchy vegetables (rice, potatoes, corn, lima beans, soy beans, and peas)

YOU MAY EAT:

- Meats, fish, chicken, lamb, pork and tofu
- Eggs prepared without milk
- Cheese, butter, mayonnaise and unsweetened peanut butter
- Non-starchy vegetables (broccoli, asparagus, spinach, green beans and cauliflower)
- Nuts

12 Hours Prior

- Patients need to stop their tube feeds twelve hours prior to their PET scan.

The Day of Your Exam

- DO NOT eat anything for a minimum of four (4) hours prior to your procedure (this includes gum, breath mints, coffee, tea or anything with calories).
- Consume ONLY water four (4) hours prior to your procedure.
- Consume two 8oz glasses of water 1 hour prior to your procedure.
- Wear warm, loose-fitting clothing without metal (i.e., zippers, snaps, clasps and metal underwire): please leave all jewelry/watches at home.
- A radiopharmaceutical will be administered through an IV. Following this injection, you will rest in a private room for 45-60 minutes.
- You will lie on a scanner table for approximately 25-30 minutes.
- Plan on being here approximately 1.5-2 hours. (Scan times vary depending on your physician's orders).
- Please arrive 30 minutes prior to your study to allow for registration.

Additional Instructions for Diabetic Patients

- Make sure your blood glucose (blood sugar) can be 150mg/dL or below at the time of your appointment. If you are not sure you can do this, try a "practice run" 3 days before your appointment.
- If you take Metformin (Glucophage), take it as you normally would. For all other oral diabetic medications, DO NOT take in the am.
- If you take insulin, take your usual evening dose with your evening meal. You CANNOT inject insulin the morning of your exam. Please contact your diabetes Provider if this will be an issue.
- You may take your non-diabetic medications with water on the morning of your exam IF you do not need to take them with food.

If you have any questions, please call us at 541-812-4560 and we will be happy to assist you.