



PATIENT INFORMATION

Patient Name _____ Age: _____ DOB: _____

Male Female Ht. _____ Wt. _____ SS# _____ - _____ - _____

Home Number (____) _____ - _____ Work/Cell (____) _____ - _____

Primary Insurance _____ Secondary _____

Diabetic? No Yes If yes, how is diabetes controlled? Diet Oral meds Insulin

Claustrophobic? No Yes Incontinence or urinary retention? No Yes

Pregnant, breast feeding, post-partum? No Yes Explain _____

EXAMS ORDERED

PET/CT Exam Requested

Whole Body (Oncology)

Diagnosis Initial Staging Monitoring Response Restaging Suspected Recurrence Surveillance

Brain (Dementia)

Other (Specify): _____

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. **For Medicare coding information visit our web site at www.oaimaging.com for a downloadable PDF of all PET/CT codes.**

Diagnosis /reason for exam _____ **ICD-9 code(s)** _____

Diagnostic CT requested in addition to PET/CT* _____

*A low-dose, non-contrast CT scan is performed as part of every PET/CT scan. The CT portion of the PET scan is for reference only. If a CT of diagnostic quality is desired with contrast **the exam must be ordered separately**. Diagnostic CT exams with contrast will be performed separately at the conclusion of the PET/CT scan.

Separate CPT & ICD-9 codes are required for Diagnostic CT exams.

Diagnosis /reason for exam _____ **ICD-9 code(s)** _____

REQUIRED DOCUMENTATION - Supporting Medical Necessity

Recent Surgery/Biopsy (Type/Date) _____

Radiation Therapy (Dates-last treatment) _____

Chemotherapy (Dates-last treatment) _____

MRI: (Where/Date) _____

CT: (Where/Date) _____

Nuclear Med/PET (Where/Date) _____

Ultrasound (Where/Date) _____

Must have to process order:

- Patient demos/face sheet
- Copy of insurance cards (both sides)
- H&P or chart notes
- Path Report

Referring Office

Date of referral: _____ Requested appt date: _____

Referring Provider Name _____ Signature: _____

Office Contact Person: _____ Phone # (____) _____ Fax # (____) _____

Follow-up appointment with provider: _____ Date: _____ Time: _____

Fax form and all supporting documentation to 541-608-0376.

PET/CT Patient Instructions

- **If you are a diabetic**, please contact our scheduling department to discuss your preparation.
- **For all NON diabetic patients: after 5:00 p.m.** the evening before your appointment do not eat processed foods, or foods containing sugar or carbohydrates. Eating a simple dinner high in protein is best.
- **Do no eat or drink after midnight** (except water) unless otherwise advised.
- You are encouraged to drink water before your exam, but only water. Anything else may adversely effect exam quality.
- All necessary medications, except diabetes medications and steroids, may be taken with water.
- If you are diabetic, contact our scheduling department at (541) 608-0350 for specific directions.
- Do not exercise at least 24 hours before your exam.
- Please wear comfortable clothing. No metal such as zippers, metal buttons, etc. OAI provides gowns for your convenience if needed.
- You should contact your insurance company regarding benefits and coverage before your appointment date.
- Please bring your medical insurance card(s) to your appointment.
- You will be asked to pay a \$100 - \$200 down payment on your exam. As a courtesy we will process your insurance for you. Any reimbursement due to you from the down payment will be forwarded after your insurance has been processed. You may speak to our Billing Department prior to your appointment by calling (541) 608-0350.

Your imaging experience:

- Please allow approximately 1 1/2 – 2 hours for your scan.
- You will be injected with a very small amount of short-lived radionuclide called I8F FDG. You will feel no physical effects from the FDG.
- After the FDG injection, you will relax in a comfortable chair for 60 minutes for the “Uptake Period”. Your actual PET/CT exam takes approximately 30 minutes (it can take as few as 15 minutes for smaller patients).
- The PET/CT scanner is very quiet; however, we encourage you to bring a calming CD of your choice to listen to during scanning time.
- Most PET/CT patients do not require sedation for their scan and OAI does not provide relaxation medication. If you feel it is necessary, please make arrangements with your ordering physician before your appointment. (Plan to have a ride home if you are sedated).
- Radiologists from Medford Radiological Group (MRG) will review and interpret your PET/CT scan images. We will forward the final report dictated by the radiologist to your referring provider within 3-5 working days. Your doctor will contact you with your results. You will receive a separate bill from MRG for their reading services.

Cancellations:

A PET scan is a time sensitive procedure. If you must cancel or re-schedule please notify us 24 hours in advance so we can cancel the radioactive compound which has been ordered specifically for your exam and will be delivered from Portland the morning of your exam.

Questions? Please call our scheduling staff at:

(541) 608-0350, (800) 462-1098

ADDRESS:

Oregon Advanced Imaging
881 O'Hare Parkway • Medford OR 97504
P: (541) 608-0350, (800) 462-1098

OAI is located in the Navigator's Landing Business Park. The entrance is directly across from the Medford Airport entrance.

