

NOTE THAT ALL PET EXAMS INCLUDE LOW-DOSE CT IMAGES FOR REFERENCE

If you wish to obtain a diagnostic CT with contrast at the same time, please indicate below.

PLEASE CHECK ONE: PET/CT Radiation Treatment Planning PET/CT w/ Diagnostic CT _____
(specify body region)**PATIENT INFORMATION**

Today's Date: _____

Please schedule appt by (date): _____

Name: _____ Birth Date: _____

Weight: _____ Height: _____ SSN: _____

Home Ph#: _____ Work Ph#: _____

Primary insurance: _____

Insurer

ID#

Group #

Auth #

PHYSICIAN'S INFORMATION - To be completed by doctor's office and signed by ordering physician, or attach Dr.'s signed prescription.PRINT Dr.'s name: _____ **▶ DR.'S SIGNATURE:** _____

Dr.'s office contact person _____ Ph#: (____) _____ FAX#: (____) _____

Type of PET/CT procedure / CPT CODE*: _____ ICD-9*: _____ *(Refer to back of this sheet for CPT/ICD-9 codes)

DIAGNOSIS: _____**INDICATE REASON FOR PET/CT SCAN:** _____**PATIENT HISTORY**Recent surgery? YES NO Date: _____ Recent Biopsy? YES NO Date: _____Recent therapy for cancer or treatment with steroid-like drugs? YES NO

Last Radiation Rx Date: _____ Last Chemotherapy Date: _____

Diabetes? YES* NO *(If YES, please refer to our PET/CT diabetes sheet)History of (check any/all that apply): Tuberculosis Histoplasmosis Sarcoid Recent Pneumonia Abscess Lived In Midwest or Southwest**Previous studies?** MRI Where: _____ Date: _____ CT Where: _____ Date: _____ NUCLEAR MED/PET Where: _____ Date: _____ ULTRASOUND Where: _____ Date: _____ IV CREATININE and BUN LEVELS (WITHIN 45 DAYS): _____**PATIENT PROFILE**Is the patient pregnant? Yes No Does the patient need a caregiver? Yes NoIs the patient able to follow instructions? Yes No Allergies to Iodine? Yes NoIs the patient claustrophobic? Yes No Will the patient need/tolerate sedation? Yes NoIs the patient able to lie still for 30-50 min? Yes No**APPOINTMENT INFORMATION:** To be completed by ordering physician staff.

Follow-up Appointment with Doctor: _____

DATE: ____/____/____ TIME: _____ AM PM (Initials: _____ Date: _____)**▶ FAX THIS FORM TO: (541) 608-0376****QUESTIONS? CALL: (541) 608-0350****PLEASE INCLUDE WITH FAX:** Patient's Insurance Card (front & back), Chart notes, CT/MRI and Pathology Reports

Clinical Condition	Billing Codes	ICD-9 CM Codes
Breast Cancer	78815 PET/CT Initial staging of advanced local regional breast cancer, restaging of a suspected or known recurrence, restaging at the completion of therapy. Evaluation of treatment response, during a course of therapy	174.0 - 174.9 175.0 - 175.9 V10.3 Malignant neoplasm of female breast Malignant neoplasm of male breast Personal history of malignant neoplasm, breast
Cervical Cancer	78815 PET/CT Initial staging: as an adjunct to conventional imaging	180.0 / 180.1 180.8 180.9 Malignant neoplasm of endocervix / exocervix Malignant neoplasm of other specified sites of cervix Malignant neoplasm of cervix uteri, unspecified
Colorectal Cancer	78815 PET/CT Diagnosis: colorectal cancer Initial staging: colorectal cancer Restaging: colorectal cancer	153.0 - 154.8 V10.05 V10.06 Malignant neoplasm of colon, rectum, rectosigmoid junction, and anus Personal history of malignancy, large intestine Personal history of malignancy, rectum, rectosigmoid, junction and anus
Esophageal Cancer	78815 PET/CT Diagnosis: esophageal cancer Initial staging: esophageal cancer Restaging: esophageal cancer	150.0 - 150.9 V10.03 Malignant neoplasm of esophagus Personal history of malignant neoplasm, esophagus
Head & Neck Cancers (excluding CNS & Thyroid) Endocrine Glands and Nervous System	78815 PET/CT Diagnosis: head and neck cancer Initial staging: head and neck cancer Restaging: head and neck cancer	140.0 - 149.9 160.0 - 161.9 170.0 - 170.1 171.0 194.5 195.0 V10.21 - V10.22 Malignant neoplasm of lip, oral cavity, and pharynx Malignant neoplasm of nasal cavities, middle ear, accessory sinuses and larynx Malignant neoplasm of bones of skull and face except mandible and malignant neoplasm of mandible Malignant neoplasm of connective and other soft tissue of head, face, and neck Malignant neoplasm of carotid body Malignant neoplasm of other and ill-defined sites, head, face and neck Personal history of malignant neoplasm, larynx, nasal cavities, middle ear and accessory sinuses
Differential diagnosis of Fronto-temporal Dementia and Alzheimer's Disease	78608 PET/CT Differential diagnosis of Fronto-temporal Dementia and Alzheimer's disease. See details regarding conditions of coverage.	290.0 290.10 - 290.13 290.20 - 290.21 290.3 331.0 331.11 331.19 331.2 331.9 780.93 Senile Dementia: uncomplicated Presenile Dementia Senile Dementia with delusional or depressive features Senile Dementia with delirium Alzheimer's disease Pick's diseases Other Frontotemporal dementia Senile degredation of brain Cerebral degredation, unspecified Memory loss
Lung Cancer (non-small cell) and Mediastinum	78815 PET/CT Diagnosis: lung cancer, non-small cell Initial staging: lung cancer, non-small cell Restaging: lung cancer, non-small cell	162.0 - 162.9 518.89* 793.1* V10.11 Malignant neoplasm of trachea, bronchus and lung Other diseases of lung, not elsewhere classified Nonspecific abnormal findings on radiological and examination of body structure, lung field. Personal history of malignant neoplasm, bronchus and lung
Lymphoma	78815 78816 PET/CT Diagnosis: lymphoma Initial staging: lymphoma Restaging: lymphoma	200.0 - 202.28 202.70 - 202.78 202.80 - 202.88 V10.71 / V10.72 V10.79 Lymphosarcoma and reticulosarcoma, Hodgkin's disease, nodular lymphoma, mycosis fungoides and sezary's disease Peripheral T-cell lymphoma Other lymphomas Personal history of malignant neoplasm, other lymphatic and hematopoietic neoplasms, lymphosarcoma and reticulosarcoma / Hodgkin's disease Personal history of malignant neoplasm, other lymphatic and hematopoietic neoplasms, other
Melanoma	78815 78816 PET/CT Diagnosis: melanoma Initial staging: melanoma Restaging: melanoma	172.0 - 172.9 190.0 190.1 - 190.6 190.8 190.9 V10.82 Malignant melanoma of skin Malignant neoplasm of eyeball (except conjunctiva, cornea, retina, and choroid) Malignant neoplasm of eye, orbit, lacrimal gland, conjunctiva, cornea, retina, choroid Malignant neoplasm of eye, other specified sites of eye Malignant neoplasm of eye, part unspecified Personal history of malignant melanoma of the skin
Myocardial Viability	78459 Metabolic assessment for myocardial viability following inconclusive SPECT. Medicare viability as a primary preoperation evaluation.	410.00 - 414.9 428.0 428.1 428.9 Acute myocardial infarction, other acute and subacute forms of ischemic heart disease, old myocardial infraction, angina pectoris and other forms of chronic ischemic heart disease Congestive heart failure, unspecified Left heart failure Heart failure, unspecified
Epilepsy Refractory Seizures	78608 Metabolic brain imaging for pre-surgical evaluation of refractory seizures.	345.01 345.11 345.2 345.3 345.41 345.51 345.61 345.71 345.81 345.91 Generalized nonconvulsive epilepsy, with intractable epilepsy Generalized convulsive epilepsy, with intractable epilepsy Epilepsy and recurrent seizures, petit mal status Epilepsy and recurrent seizures, grand mal status Localization - related (focal) (partial) epilepsy and epileptic syndromes with <i>complex</i> partial seizures, with intractable epilepsy Localization - related (focal) (partial) epilepsy and epileptic syndromes with <i>simple</i> partial seizures, with intractable epilepsy Infantile spasms, with intractable epilepsy Epilepsia partialis continua, with intractable epilepsy Other forms of epilepsy and recurrent seizures, with intractable epilepsy Epilepsy, unspecified, with intractable epilepsy
Thyroid	78815	193.0 194.1 V10.87 Malignant neoplasm of thyroid gland Malignant neoplasm of parathyroid gland Personal history of malignant neoplasm of thyroid
Various	78459, 78815, 78816	V72.5* Diagnosis of individual: radiological exam, not elsewhere classified. <i>* Please refer to the Medicare ICD-9 Directory for specifics on codes with an " * " .</i>

Form updated: 3/7/08