



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

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

PET/CT REQUESTED

Oncology:

- Standard PET (Skull to Thigh) CPT#: 78815
- Whole Body/Melanoma CPT#: 78816
- Sodium Fluoride F-18 PET BONE SCAN CPT# 78816

Reason:

- Diagnosis Initial Staging Monitoring Response
- Restaging Suspected Recurrence Surveillance

Brain

(Alzheimer's / Dementia) CPT#: 78608

Other (Specify): _____

Diagnosis /reason for exam _____

ICD-10 code(s) _____

Diagnostic CT requested in addition to PET/CT*

Diagnostic CT | IV Contrast: With Without | Oral Contrast: With Without

TYPE: Head Neck Chest Abdomen Pelvis

Separate CPT & ICD-10 codes are required for Diagnostic CT exams.

Diagnosis / reason for exam _____

ICD-10 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 _____

Office Contact Person: _____

Phone # (____) _____ Fax # (____) _____

Signature: _____

Appt. date has already been scheduled for: Day _____ Date _____ Time _____

PET/CT Patient Instructions

Instructions for all patient

- You will need to fast 6 hours prior to your appointment.
- You are encouraged to drink plain water up to your appointment and throughout the entire exam – anything else may adversely affect exam quality.
- The last meal before your appointment should be a high protein, low carbohydrate meal.
- Take all medications prescribed by your doctor. Insulin and steroid-based medications need to be withheld the day of the exam. Contact our office if you have concerns.
- No strenuous exercise 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 a photo ID and your medical insurance card(s) to your appointment.
- You will be advised of your portion for the exam due at the time of scheduling. As a courtesy we will bill your insurance company(s) for you.

If you are diabetic

- Contact our scheduling department to discuss your preparation.
- With the exception of insulin, take all medications including oral diabetic medication.
- Blood glucose levels (BGL) - Ideally, your BGL should be under 150 for your exam. Anything over 150 will need to be approved by a radiologist and your doctor.

Your Imaging Experience

- Please allow approximately 1 ½ - 2 hours for your scan
- You will be injected with a very small amount of short-lived radionuclide called 18F FDG. You will feel no physical effects from the injection.
- After your FDG injection, you will relax in a comfortable chair for 60 minutes for the “uptake period.” Your actual PET/CT exam takes approximately 30-45 minutes (it can take as few as 15 minutes for smaller patients).
- The PET/CT scanner is quiet; however, you may bring a calming CD of your choice to listen to during scanning time.
- Most PET/CT patients do not become claustrophobic during their imaging. If you need something to relax, see your provider for medication and plan to have a ride home. OAI does not provide relaxation medication.
- Radiologists from Medford Radiological Group (MRG) will review and interpret your PET/CT scan imaged. 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 results.

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) 622-6300, (800) 462-1098

OAI is located in the Navigator's Landing Business Park. The entrance is directly across from the Medford Airport entrance. 9.10

