

Please bring this form with you to your appointment

Last Name: _____ First Name: _____ Date of Birth: _____
 Daytime phone: _____ Evening phone: _____ SSN#: _____
 Insurance Carrier: _____ CPT Code: _____ RQI/ Authorization #: _____

Appointment date: _____ Appointment time: _____ am / pm Patient will call to schedule appointment Interpreter required

NUCLEAR MEDICINE
 Overlake Hospital Medical Imaging
 1035 116th Ave NE
 Bellevue, WA 98004

PET/CT SCANS
 Overlake Medical Tower
 1135 116th Ave NE, Suite 260
 Bellevue, WA 98004

Language: _____

Reporting Routine Call report Patient to return with CD* Nuc/Med Only call report # _____
 STAT Other: _____ Call report/ patient wait* Nuc/Med Only fax report # _____

NUCLEAR MEDICINE	PET/CT SCAN
<input type="checkbox"/> Bone Whole Body <input type="checkbox"/> Bone Specific Area: _____ <input type="checkbox"/> Bone 3 Phase: _____ <input type="checkbox"/> Bone SPECT: _____ <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Thyroid Uptake Only <input type="checkbox"/> Total Body I-131 Scan <input type="checkbox"/> I-131 Therapy <input type="checkbox"/> Parathyroid SPECT <input type="checkbox"/> Lung Ventilation/Perfusion (V/Q) <input type="checkbox"/> Cardiac Stress SPECT <input type="checkbox"/> Cardiac Gated Blood Pool (MUGA) <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Lasix Renogram <input type="checkbox"/> Hepatobiliary (HIDA) <input type="checkbox"/> Liver/Spleen Sulfur Colloid <input type="checkbox"/> RBC Liver Hemangioma <input type="checkbox"/> RBC GI Bleed <input type="checkbox"/> WBC Infection <input type="checkbox"/> Octreotide <input type="checkbox"/> Meckel's Scan <input type="checkbox"/> CSF Leak <input type="checkbox"/> Cerebral Shunt <input type="checkbox"/> _____	<input type="checkbox"/> Brain <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Gall Bladder and Extrahepatic Bile Ducts <input type="checkbox"/> Head and Neck Cancer (excludes brain and CNS) <input type="checkbox"/> Liver and Intrahepatic Bile Duct Cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> Melanoma <input type="checkbox"/> Myeloma <input type="checkbox"/> Non-melanoma Skin Cancer <input type="checkbox"/> NSC Lung Cancer <input type="checkbox"/> Ovarian Cancer <input type="checkbox"/> Pancreatic Cancer <input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Renal and Urinary Tract Cancer <input type="checkbox"/> Small Cell Lung Cancer <input type="checkbox"/> Soft Tissue Sarcoma <input type="checkbox"/> Solitary Pulmonary Nodule <input type="checkbox"/> Stomach Cancer <input type="checkbox"/> Testicular Cancer <input type="checkbox"/> Thyroid Cancer <input type="checkbox"/> Sodium Fluoride Bone Scan → <input type="checkbox"/> vertex to distal femurs <input type="checkbox"/> total body <input type="checkbox"/> limited <input type="checkbox"/> Other: _____
Reason for scan: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Staging <input type="checkbox"/> Restaging <input type="checkbox"/> Evaluate response to therapy For patient with Medicare part B: 1) PET/CT is not-covered for initial staging of axillary lymph nodes in patients with breast cancer and regional lymph nodes in patient with melanoma. 2) PET/CT is not-covered for "diagnosis" of breast cancer to evaluate a suspicious breast mass. 3) Coverage for PET/CT is only for follicular cell cancer, previously treated by thyroidectomy and radioiodine ablation, a serum THG>10ng/mL, and a negative whole body I-131 scan. If any one of these do not apply, the patient can be scanned under the NOPR.	
Urgency Level: <input type="checkbox"/> STAT <input type="checkbox"/> ASAP <input type="checkbox"/> Other: _____	
Is a Diagnostic CT also desired: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> with contrast <input type="checkbox"/> without contrast <input type="checkbox"/> ALLERGY TO CONTRAST Diagnostic CT location: <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	

Written diagnosis/ symptoms/ reason for exam(s) Medicare and other Insurers require coding for specific/ definitive diagnosis(es), sign(s) or symptom(s) to reflect the medical necessity for each test. Please list symptoms in addition to any possible or probably conditions.

ICD-9 Codes(s)	Symptom(s) / Condition(s):	Specific area of interest:

Physician Signature _____ Physician Name (please print) _____ Office Contact _____ Date _____ Time _____

P H Y S I C I A N O R D E R



OUTPATIENT NUCLEAR MEDICINE & PET/CT SCAN ORDERS

P0312A (Rev 1212)

Appointment Date: _____ Appointment Time: _____

PET/CT SCAN PREPARATION INSTRUCTIONS**

- ✓ No strenuous exercise for 24 hours prior to the PET/CT scan.
- ✓ You must not eat or drink anything (including chewing gum, vitamins, coffee, etc.) for at least 12 hours prior to your PET scan. Water is okay but nothing else. You will be instructed to follow a high protein/low carbohydrate diet at least 24 hours prior to your exam. Our PET/CT referral coordinator will be calling you to give more instructions on the exact diet.
- ✓ Diabetic patients should request an early morning appointment as blood sugar levels are typically at their lowest first thing in the morning.
- ✓ Patients taking oral anti-hyperglycemic agents, patients taking insulin, or other patients concerned about their blood sugar levels should inform the staff when they are called with the preparation for the exam.
- ✓ Elevated blood sugar levels above 150 mg/dl can interfere with test results and above 200 mg/dl will make it necessary to reschedule the PET/CT exam.
- ✓ Medications may be taken with water. (Consult your physician if there are any questions concerning your medications). Do not take vitamins on the day of your PET/CT scan until after it has been completed.
- ✓ Intravenous fluids containing glucose or TPN should be discontinued at least 12 hours prior to the study.
- ✓ Parking will be provided free of charge. Simply show your parking stub to the front desk and they will validate it for you.

Contraindications: Over 400 lbs. body weight Pregnancy / Breast feeding

**Sodium Fluoride Bone Scans and Brain Scans have different preparation instructions. Our PET/CT coordinator will contact you with these instructions when scheduling the appointment.

NUCLEAR MEDICINE PREPARATION INSTRUCTIONS

Hepatobiliary (HIDA Scan)

Nothing by mouth 4 hours prior to the exam. No Demerol or Dilaudid 4 hours prior to the exam. Allow 90 minutes for the exam.

Thyroid Studies

No thyroid medication for at least 3 weeks, and no iodine studies for 6 weeks prior to the exam. The only exception to the thyroid medication is if you are having a Total Body Thyroid Exam with Thyrogen.

Cardiac Studies

Nothing to eat or drink 4 hours prior to the procedure. No caffeine products (including decaf coffee) for 24 hours prior to procedure. Do not take beta blockers the day of the procedure.

Gastric Emptying

Nothing to eat or drink 4 hours prior to the procedure.

Meckel's Scan

Nothing to eat or drink after midnight, milk of magnesia the night before procedure.

Renogram

Drink fluids in the morning before the scan to be well hydrated.



Overlake Medical Tower (PET/CT SCANS)



Overlake Hospital Medical Imaging (NUCLEAR MEDICINE)

