

PET/CT

APPOINTMENT INFORMATION (See Map On Back)

Date: _____ Arrival Time: _____

1 PATIENT/APPOINTMENT INFORMATION (please print)

Patient Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____ Telephone(s): _____

Primary Insurance Name: _____ (Please obtain insurance pre-authorization prior to scheduling)

Referring Physician: _____ Phone #: _____ Fax#: _____

Authorization #: _____

 Diabetes: Yes No Insulin Oral Meds

 Pregnant or Breastfeeding: Yes No

 Cancer Treatment: Radiation Therapy Chemotherapy Date of last therapy: _____

 Was a CT, MRI or PET scan performed in the last 12 months? Yes No Where? _____

Please send any pathology reports with this request

 Fax Results/Number: _____ Call Results/Number: _____

Referring M.D.: _____ CC: _____

PLEASE NOTE:

Rescheduling Procedure—PET/CT requires time sensitive radiopharmaceuticals that are prepared within a day of the exam. Patients that miss their appointment or late to reschedule (after 3:00 p.m. the day prior) will be charged \$250 to cover the cost of the ordered medicine. In addition, a \$250 deposit will be required to reschedule.

2 DIAGNOSIS
 Differential diagnosis of Frontal-temporal Dementia and Alzheimer's Disease (see additional Info)

 Brain Refractory Seizures

 Myocardial Viability: With an inconclusive SPECT Prior to revascularization

Oncology Indications:
 Solitary Pulmonary Nodule

Lung Cancer, Non-Small Cell (NSCLC)
 Diagnosis

 Initial Staging

 Restaging

Colorectal Cancer
 Diagnosis

 Initial Staging

 Restaging

Breast Cancer
 Diagnosis-not covered by Medicare

 Staging or Restaging

 Monitor therapy for possible change in treatment

Cervical Cancer
 Staging -adjunct to conventional staging

Head & Neck Cancer (non-CNS/thyroid)
 Diagnosis

 Initial Staging

 Restaging

Esophageal Cancer
 Diagnosis

 Initial Staging

 Restaging

Thyroid Cancer
 Restaging (Follicular Only) (Following negative I131 WB Scan and serum Thyroglobulin > 10ng/ml)

Lymphoma
 Diagnosis

 Initial Staging

 Restaging

Melanoma
 Diagnosis-not covered by Medicare

 Initial Staging

 Restaging

 Non-Medicare Indication: (Please specify)

Exam: _____

ICD-9 _____

Diagnosis: _____

Please fax completed request to 360-255-2263
X _____
 Physician Signature Required

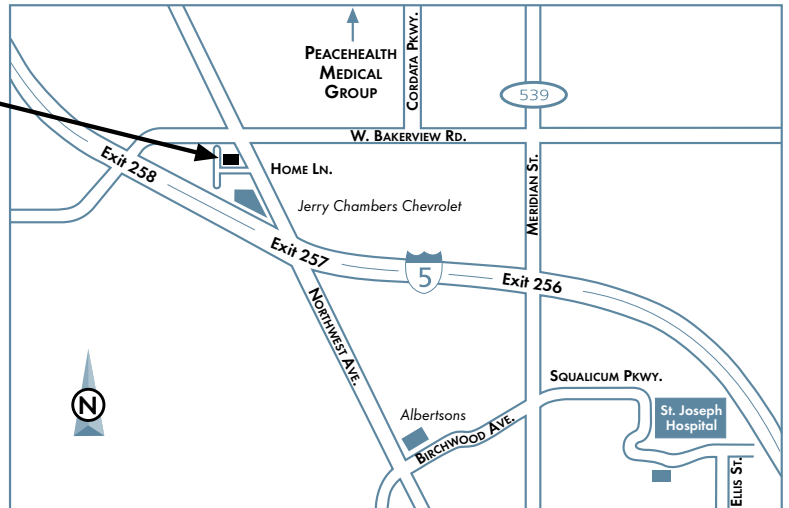
 Stat Report Desired

Direct line (preferably cell phone) number required _____

LOCATION MAP



Northwest Avenue
4029 Northwest Avenue
Suite 102



PATIENT PREPARATION FOR PET/CT

For best results with your PET/CT scan, please follow these instructions. If you have any questions about the scan or your appointment, please call us at (360) 733-0430.

Instructions and Requirements for All Patients

- No food or drink (other than water) for 6 hours prior to scan (including gum, breath mints, cough drops, hard candy or anything that may contain sugar).
- You may drink **ONLY** water up to the time of your scan. It must be plain, unflavored water, no tea or coffee. Anything other than plain water could alter the results of your scan.
- It is highly recommended that you follow a high protein, low carbohydrate diet for 24 hours prior to your test to increase the quality of your PET/CT images.
- No strenuous exercise 24 hours prior to your scan.
- Take medications as scheduled prior to your scan as long as they are tolerated on an empty stomach.
- Wear warm, loose-fitting clothing; the scanning room tends to be quite cool. You will **NOT** be required to remove the clothing prior to the scan.
- Avoid wearing any metal that cannot be removed during the scan (including under wire bra, jewelry and hair pins/clips).
- Allow 2 hours for your appointment. For the scan itself you must be able to lay still and mostly flat for about 30 minutes.
- If you need pain or anxiety medication, take medication prescribed by your physician 1 hour before the scan.

Additional Instructions for Diabetic Patients

- Diabetics who take **ORAL** medications should wait until the scan is completed to take them.
- Subcutaneous insulin dependent diabetics should have their last injection 2 hours prior to the exam.

Suggested Diet the Day before Your PET/CT Scan

Follow this high protein / low carbohydrate diet. (**Remember:** No food for 6 hours prior to your scan.) If you are a vegetarian, you may replace the suggested meat portions with high protein / low carbohydrate meat substitutes.

BREAKFAST	LUNCH	DINNER
<ul style="list-style-type: none"> • 2 eggs, any style • Bacon, sausage or meat substitute • Water <p>No juice No toast No potatoes</p>	<p>Entrees (choose one)</p> <ul style="list-style-type: none"> • 8 oz. grilled steak • 8 oz. grilled salmon fillet • Half a chicken, baked or broiled <p>Side items (choose one)</p> <ul style="list-style-type: none"> • Asparagus, grilled or steamed • Broccoli, grilled or steamed • Mushrooms, sautéed • Any green vegetable salad 	<p>Entrees (choose one)</p> <ul style="list-style-type: none"> • 8 oz. grilled steak • 8 oz. grilled salmon fillet • Half a chicken, baked or broiled <p>Side items (choose one)</p> <ul style="list-style-type: none"> • Asparagus, grilled or steamed • Broccoli, grilled or steamed • Mushrooms, sautéed • Any green vegetable salad

FOODS TO AVOID: Refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal, rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, all sodas, all fruit juices.