

# PET/CT

**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#: \_\_\_\_\_

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: \_\_\_\_\_ Send Copies To: \_\_\_\_\_

**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

---

<p><b>Oncology Indications:</b></p> <p><input type="checkbox"/> Solitary Pulmonary Nodule</p> <p><b>Lung Cancer, Non-Small Cell (NSCLC)</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p> <p><b>Colorectal Cancer</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p> <p><b>Breast Cancer</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Staging or Restaging</p> <p><input type="checkbox"/> Monitor therapy for possible change in treatment</p> <p><b>Cervical Cancer</b></p> <p><input type="checkbox"/> Staging -adjunct to conventional staging</p>	<p><b>Head &amp; Neck Cancer (non-CNS/thyroid)</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p> <p><b>Esophageal Cancer</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p> <p><b>Thyroid Cancer</b></p> <p><input type="checkbox"/> Restaging (Follicular Only) (Following negative I131 WB Scan and serum Thyroglobulin &gt; 10ng/ml)</p> <p><b>Lymphoma</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p>	<p><b>Melanoma</b></p> <p><input type="checkbox"/> Diagnosis-not covered by Medicare</p> <p><input type="checkbox"/> Initial Staging</p> <p><input type="checkbox"/> Restaging</p> <p><input type="checkbox"/> Non-Medicare Indication: (Please specify)</p> <p>_____</p> <p>_____</p> <p><b>Exam:</b> _____</p> <p><b>ICD-9</b> _____</p> <p><b>Diagnosis:</b> _____</p> <p>_____</p>
--	---	--

**PATIENT PREP:**  
 Patient must be fasting 8-hours prior to their check-in time (NO food or drink).

- All patients should drink 16 oz. of WATER 1-hour prior to check-in.
- No strenuous activity 24-hours prior to the exam. No chewing gum, breath mints or breath sprays for 24-hours.
- Medications should be postponed until after the exam. Check with the physician if there are any questions with regards to your current medications.
- Post-therapy studies should be delayed for four to six weeks following completion of therapy.
- Please remove all jewelry prior to exam (piercings included).
- Patients are encouraged to wear layers of clothing that does not contain metal, as the exam facility may be cool.
- Patients who may be claustrophobic/anxious need to request pre-medication from their physician prior to exam, and must have someone to drive them to and from the appointment. Mt Baker Imaging does not dispense medication.

**X** \_\_\_\_\_  
 Physician Signature Required

**Please fax completed Request to 360-255-2263**