

Please fax your request and a copy of your patient's insurance card to: 559.432.7020

Patient: _____ DOB: _____ Today's Date: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

Insurance - Primary: _____ Secondary: _____

We are happy to help obtain insurance authorizations whenever possible

PATIENT HISTORY: Diabetes Renal Failure/Insufficiency

Indication: _____ ICD: _____

EXAMINATIONS

PET/CT — NOTE: All FIC PET studies are performed on a PET/CT scanner using low-dose CT for attenuation correction and anatomic localization.

<input type="checkbox"/> 78815 - Skull Base to Thigh	<input type="checkbox"/> 78815 & A9587 - Ga 68 NetSpot Neuroendocrine Tumors	<input type="checkbox"/> Brain
<input type="checkbox"/> 78815 & A9588 - Skull Base to Thigh Axumin - (Prostate Cancer Recurrence)	<input type="checkbox"/> 18F-FES Cerianna (ER+Breast Cancer)	<input type="checkbox"/> Amyloid Brain (MCI pre Anti-Amyloid therapy)
<input type="checkbox"/> F-18 PSMA/PyL (Prostate Cancer Initial Staging/Recurrence)		<input type="checkbox"/> Amyloid PET/CT (MCI on anti-amyloid therapy)
<input type="checkbox"/> 78816 - Whole Body (Melanoma, T-Cell Cutaneous Lymphoma, Sarcoma, Multiple Myeloma)		

MR — NOTE: MRIs available at Fresno Imaging Center, Sierra Imaging Center and Hanford Imaging.

MRI	<input type="checkbox"/> Brain	<input type="checkbox"/> Orbits
	<input type="checkbox"/> With & Without Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> 3D Recon	<input type="checkbox"/> IAC/Trigeminal <input type="checkbox"/> Dementia Baseline (pre DMT) <input type="checkbox"/> Dementia for ARIA Surveillance (on DMT) <input type="checkbox"/> Pituitary

GENERAL NUCLEAR MEDICINE

<input type="checkbox"/> Bone Scan ___ Three Phase ___ Limited ___ Whole Body ___ SPECT of _____	<input type="checkbox"/> DaT Scan <input type="checkbox"/> Gastric Emptying <input type="checkbox"/> Liver SPECT <input type="checkbox"/> Renal Scan/Flow/Function <input type="checkbox"/> Parathyroid SPECT <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Thyroid Uptake/Scan	<input type="checkbox"/> Gallium or Labeled WBC Scan ___ Limited ___ Whole Body ___ SPECT of _____ <input type="checkbox"/> Tumor Localization ___ MIBG ___ Octreoscan <input type="checkbox"/> Other _____
<input type="checkbox"/> MUGA/Cardiac Blood Pool, Resting	<input type="checkbox"/> Gallbladder/HIDA ___ with Ejection Fraction	

Physician's Name: _____ Additional Copy To: _____

Physician's Signature: _____ Phone: _____

PET/CT PATIENT INSTRUCTIONS

It is extremely important that patients manage their glucose (sugar) intake prior to the exam. If glucose is not at the right level, the exam may need to be cancelled, or the results may not be optimal.

DIABETIC patients should contact the imaging center for **IMPORTANT INSTRUCTIONS** about medications.

Diet and Fluids

- 1. NO FOOD (NPO)** 6 hours prior to appointment.
- 2. Increase fluids** 48 hours before the exam.
- 3. NO Caffeine / Nicotine / Alcohol** 24 hrs before exam.
- 4. Discontinue Lomotil** 24 hours before exam, if possible.
- 5. Stop G Tube / parental feeding** 6 hours before exam.

FOODS PERMITTED BEFORE EXAM

ALLOWED: All meats, tofu, hard cheeses, oil, butter margarine, eggs and non-starchy vegetables.

NOT ALLOWED: Cereals, breads, jams, jellies, peas, corn, potatoes, fruits, juices, gravies, milk (including non-dairy milks), pastas, sugar, candy, honey, alcohol and rice.

Exercise: No strenuous exercise for at least 24 hours before exam.

Temperatures: Dress warmly for 48 hours prior to exam.

Pregnancy: All women of childbearing age must be prescreened for pregnancy at the time they are scheduled.

Colostomy Patients: Bring additional colostomy bag.

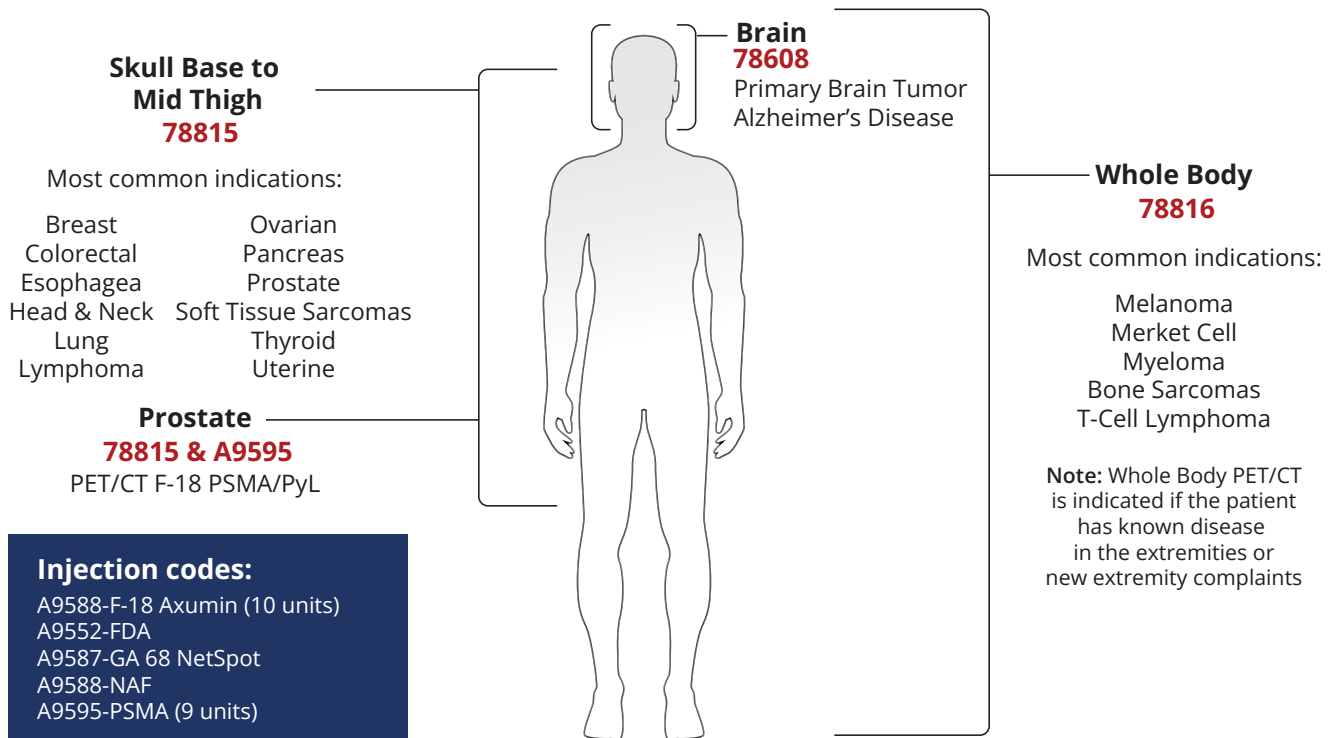
Other Instructions: May take medications prior to arrival at the center **WITH WATER ONLY**.

You will be asked to stop talking 5 minutes before injection and during scan uptake phase to limit laryngeal muscle uptake.

PET/CT Centers | Accredited by the American College of Radiology

78815 - Skull Base to Mid - Thigh PET with concurrently acquired CT
78816 - Whole Body PET with concurrently acquired CT

78608 - Brain
78815 & A9595 - Prostate - PET/CT F-18 PSMA/PyL



QUESTIONS? Please call our center at 559-449-2640

