

PET/CT Order Form

BRING THIS FORM, YOUR INSURANCE CARD AND A PHOTO ID TO YOUR APPOINTMENT



TAX ID# 56-2629193



All NorCal Imaging PET/CT Centers
Proudly Display This Seal

OAKLAND PET/CT

3200 Telegraph Ave.

Oakland, CA 94609

P: (510) 663-1952 F: (510) 663-1953

Services: PET/CT (GE16-Slice CT),
MRI / MRA (3.0 Tesla GE Signa),
16-Slice CT, Ultrasound, Nuclear Medicine,
Bone Density (DEXA), Digital X-Ray,
Breast MRI

WALNUT CREEK PET/CT

114 La Casa Via Ste. 200

Walnut Creek, CA 94598

P: (925) 937-2355 F: (925) 938-9940

Services: PET/CT (GE 64-Slice CT),
MRI / MRA (3.0 Tesla GE Discovery),
64-Slice CT, Ultrasound, Nuclear Medicine,
Digital Mammography, Fluoroscopy,
Bone Density (DEXA), Digital X-Ray,
Breast MRI, Breast Biopsies

Judith Rose, M.D.
Medical Director, PET/CT



www.RadNet.com

TODAY'S DATE: _____

EXAMINATION INFORMATION

- Initial Diagnosis Staging Re-Staging Response to Treatment
- Skull Base to Mid Thigh PET/CT *CPT 78815*
- Skull Base to Mid Thigh Axumin PET/CT (Prostate) *CPT 78815*
- Whole Body PET/CT, includes Extremities *CPT 78816*
- Bone Whole Body NaF PET/CT *CPT 78816*
- Amyloid Brain *CPT 78814*
- FDG Brain PET *CPT 78608*

CODING GUIDE
ON REVERSE SIDE

Diagnosis / Chief Complaint: _____

ICD-10# _____

PATIENT INFORMATION

Returning Patient

Special Needs: Diabetic Claustrophobic In-Patient Wheelchair
 Other _____

Patient Name: _____ DOB: _____

Patient Address: _____

Home Phone: _____ Work/Cell Phone: _____

Patient Weight: _____ Patient Height: _____

The patient's radioactive injection is ordered based on his / her weight.

REFERRING PHYSICIAN INFORMATION

Referring Physician (PRINT): _____

Referring Physician Phone: _____

Referring Physician Signature: _____

CC Report to: _____

INSURANCE INFORMATION

Private Medicare Self-Pay Other

Insurance Carrier: _____

ID/ Subscriber #: _____

Authorization # (if applicable) _____

*Please Fax This Form with a Copy of the Patient's Insurance Card, and
Pertinent Clinical Information (Biopsy, H & P, Prior Imaging Reports).*

MAPS, PATIENT INSTRUCTIONS and CODING ON REVERSE SIDE

Thank you for choosing NorCal Imaging, a RadNet Center.

PET/CT PATIENT INSTRUCTIONS

It is very important 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 **IMPORANT INSTRUCTIONS** about medications.

Diet and Fluids:

- NO FOOD (NPO) 6 hours prior to appointment - WATER ONLY.**
No chewing gum, soda, juice, cough drops, mints or anything that has sugar in it.
- Increase fluids 48 hours before the exam.
- Eat low carbohydrate / high protein / high fat foods 24 hrs. before exam.
- NO** Caffeine / Nicotine / Alcohol 24 hrs before exam.
- Discontinue Lomotil 24 hrs before exam, if possible.
- Stop G Tube or parental feeding 4 hrs before exam.

Please do not bring children to the appointment

If you need to reschedule your appointment, please do so 24 hours in advance.

FOOD ALLOWED & NOT ALLOWED THE DAY BEFORE THE 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 hrs 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.**

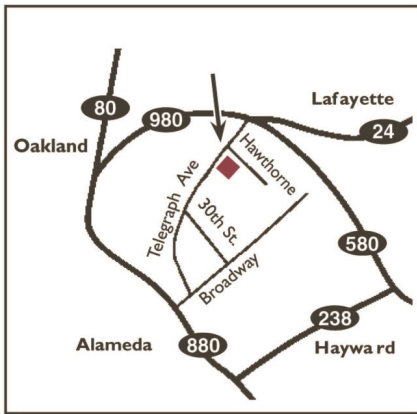
You will be asked to stop talking 5 minutes before injection and during scan uptake phase to limit laryngeal muscle uptake.

If you have any questions, please call our PET/CT Center.

IMAGING CENTER LOCATIONS

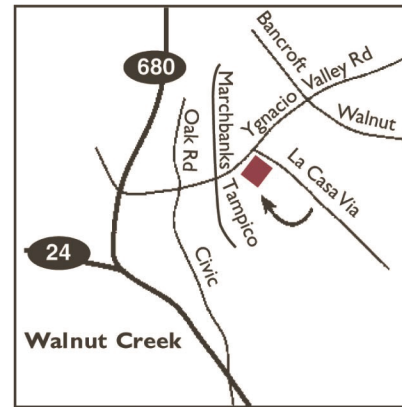
OAKLAND (PET/CT)

3200 Telegraph Avenue, Oakland, CA 94609
Phone: (510) 663-1952 Fax: (510) 663-1953
Parking available in back of the building.



WALNUT CREEK (PET/CT)

114 La Casa Via, Ste. 200 Walnut Creek, CA 94598
Phone: (925) 937-2355 Fax: (925) 938-9940
From Ygnacio Valley turn onto La Casa Via. Take 2nd driveway on right. Drive toward the back, keeping to the right side.



FOR OFFICE USE: CPT CODING GUIDE

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

78816 - Whole Body PET with concurrently acquired CT

78608 - Brain

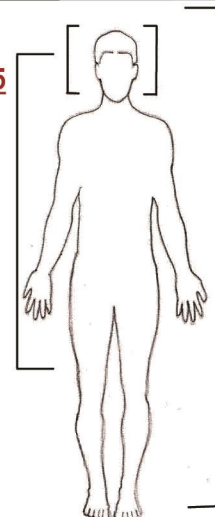
Note: A Whole Body PET/CT is indicated if the patient has known disease in the extremities or new extremity complaints.

Skull Base To Mid Thigh 78815

For indications not listed for Whole Body.

Most common indications:

Breast
Colorectal
Esophageal
Head & Neck
Lung
Lymphoma
Ovarian
Prostate
Soft Tissue Sarcomas
Thyroid
Uterine



Brain 78608

Primary Brain Tumor
Alzheimer's Disease

Whole Body 78816

Most common indications:

Melanoma
Merkel Cell
Myeloma
Bone Sarcomas
T-Cell Lymphoma