

PET/CT REQUEST FORM

To schedule:
call (360) 479-6555
and fax to (360) 479-8327



Office Use Only

Appt date/time: _____

- Documentation received
 Clinical screen completed

Patient Name		Date of Birth		Patient Phone	
Please attach a copy of the patient's medical card, front & back, so we may obtain pre-authorization. Further documentation or assistance may be needed from you by our staff.		Patient Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No		Height	Weight
Primary Insurance			Secondary Insurance		

Reason for Exam

Pathology Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Concurrent imaging dates (if applicable). Please attach report if not completed at Olympic Radiology				
	PET	CT	MRI	Ultrasound	Nuclear Medicine
Rising CEA Level? <input type="checkbox"/> Yes <input type="checkbox"/> No	date: location:	date: location:	date: location:	date: location:	date: location:
Chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No date completed: _____		Radiation Therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No body area: _____ date completed: _____			

INDICATIONS For Medicare patients: **Diagnosis and Initial staging will be covered under Initial Treatment Strategy.**
Restaging and monitoring response to therapy will be covered under Subsequent Treatment Strategy.

<p>Bladder ___ Diagnosis ___ Staging (prior to treatment)</p> <p>Brain ___ Diagnosis ___ Staging (prior to treatment) ___ Monitoring response to therapy</p> <p>Breast Cancer Female and Male ___ Staging for metastasis ___ Re-Staging for metastasis ___ Monitoring response to therapy</p> <p>Cervical Cancer ___ Staging ___ Extra Pelvic Mets ___ Monitoring response to therapy</p> <p>Colorectal Cancer ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p> <p>Esophageal Cancer ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p> <p>Head & Neck Cancer (except CNS & Thyroid) ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p>	<p>Lung Cancer - NSCLC ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p> <p>Lung, small cell ___ Diagnosis ___ Staging (prior to treatment)</p> <p>Lymphoma ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p> <p>Melanoma ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) (Cannot stage "regional" nodes) ___ Monitoring response to therapy</p> <p>Myeloma ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p> <p>Ovary ___ Diagnosis ___ Staging (prior to treatment) ___ Re-Staging (post treatment) ___ Monitoring response to therapy</p>	<p>Pancreas ___ Diagnosis ___ Staging (prior to treatment)</p> <p>Soft Tissue Sarcoma ___ Diagnosis ___ Staging (prior to treatment) ___ Monitoring response to therapy</p> <p>Solitary Pulmonary Nodule ___ SPN 4 cm (May be repeated after 90 days if previous PET study was negative. MUST be a "single" nodule)</p> <p>Stomach ___ Diagnosis ___ Staging (prior to treatment)</p> <p>Testicular ___ Diagnosis ___ Staging (prior to treatment) ___ Monitoring response to therapy</p> <p>Thyroid ___ Diagnosis ___ Staging (prior to treatment)</p> <p>Thyroid- Post Ablation ___ Re-Staging (post treatment)</p> <p>All other solid tumors ___ Diagnosis ___ Staging (prior to treatment) ___ Monitoring response to therapy</p>
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Other PET/CT Indications, NOPR, Neurology and Cardiology Applications, or Special Instructions

Referring Clinician PLEASE PRINT NAME	Clinician Signature (PHYSICIAN, PA, ARNP ONLY)	Date
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Ordering Clinician certifies that medical necessity is documented in patient medical record and will provide copies of this information if requested.