

PET/CT Order Form

Memorial Hospital of South Bend Day Road Location

301 E. Day Road Mishawaka, In 46545

(574) 204-7322 Fax: (574) 968-0268



Place Label Here

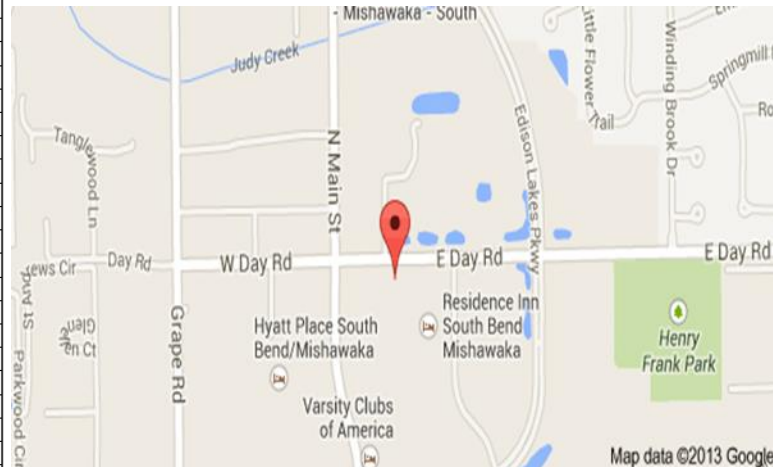
PATIENT IDENTIFICATION

To schedule a Patient please call:

(574) 647-7700 And fax this form to: (574) 647-2200

Patient Name	Date of Birth	Appt. Date & Time
DIAGNOSIS:	Home Phone#	Work Phone#
Referring Physician (Print)	Physician Phone#	ICD10 Code: (Required for Medicare)
Chemotherapy: Yes No If yes, last treatment: _____ Radiation Therapy: Yes No If yes, last treatment: _____		Diabetic: Yes _____ No _____
Send Copy to: _____	Height: _____	Weight: _____
Please Fax copy of patient's Insurance Card and Pre Certification#: _____	Primary Ins:	Secondary Ins:

	CT	CPT
	Abdomen w/o	74150
	Abdomen w/	74160
	Abdomen & Pelvis w/o	74176
	Abdomen & Pelvis w/	74177
	Abdomen & Pelvis for Renal Calculi	74176
	Cervical Spine w/o	72125
	Chest w/o	71250
	Chest w/	71260
	Facial Bones	70486
	Head w/o	70450
	Head w/	70460
	Lumbar Spine w/o	72131
	Neck Soft Tissue w/o	70490
	Neck Soft Tissue w/	70491
	Orbit w/o	70480
	Pelvis w/o	72192
	Pelvis w/	72193
	Sinuses w/o	70486
	Thoracic Spine w/o	72128
	CREATININE w/only:	



*Patient Diet Instructions for FDG PET/CT Only PET Scan

ICD10 _____ Initial Subsequent

- FDG** Skull base to Mid Thigh 78815
- FDG** Whole Body (ONLY when primary tumor or know metastasis is DISTAL to the mid-thigh) 78816
- NaF Sodium Fluoride** Whole Body Bone Scan – does NOT evaluate for malignancy outside the skeleton 78816

Start diet instructions 2:00pm the "day before" your PET Scan

If you are diabetic, your blood sugar must be below 200 in order for us to do the scan.

*DO NOT take insulin within 4 hrs. prior to your test time. Diabetic patients are encouraged to test their blood sugar before their appt., if it is above 200 call

(Be aware that proper management of your blood sugar is more important than strict adherence to this diet.)

UPIN#/NPI#: _____

Physicians Signature: _____

Date: _____ Time: _____