

# PET/CT ORDER FORM

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_  
Office Fax \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_ ICD-9 \_\_\_\_\_

## Insurance Information

Primary Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Secondary Insurance Company \_\_\_\_\_ Name of Insured \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group number \_\_\_\_\_

Is patient diabetic? \_\_\_ Yes \_\_\_ No , If yes, how is condition controlled? \_\_\_ Diet \_\_\_ Insulin \_\_\_ Oral Meds  
Is patient claustrophobic? \_\_\_ Yes \_\_\_ No, If yes, please consider ordering oral medication for the patient to bring with them. We will advise them of when to take it (reminder – the patient will need a ride home after the exam if medication is given).  
Is the patient pregnant or nursing? \_\_\_ Yes \_\_\_ No Allergies: \_\_\_\_\_  
Patients height: \_\_\_\_\_ Weight: \_\_\_\_\_ (cannot exceed 400 Lbs) Girth maximum 50 inches

Effective January 1, 2005 new CPT codes for PET/CT are available. The new codes will replace the CPT code 78810, the most common CPT used to bill whole body oncologic PET/CT procedures. The new codes for billing private payors are:

- 78814 PET/CT scan for a limited area (e.g. Chest or head/neck, etc.)
- 78815 PET/CT scan skull base to mid-thigh (most often done)
- 78816 PET/CT scan whole body

Whole Body PET/CT scans MEDICARE ONLY (please check one)

\_\_\_ Breast (1)                      \_\_\_ Solitary Pulmonary nodule (3)                      \_\_\_ Melanoma  
\_\_\_ Head/Neck (excludes thyroid)                      \_\_\_ Lung Cancer (non small cell)                      \_\_\_ Brain (pre-surgical evaluation of refractory seizures)  
\_\_\_ Thyroid (2)                      \_\_\_ Esophageal  
\_\_\_ Colorectal                      \_\_\_ Lymphoma                      \_\_\_ Brain (Alzheimer's vs. Fronto-temporal dementia)

- (1) Diagnosis not covered (2) Restaging of recurrent or residual thyroid cancer of follicular cell origin, (3) Nodules must not be greater than 4.0 cm.

Reason for scan (please check one)    \_\_\_ Diagnosis                      \_\_\_ Staging                      \_\_\_ Restaging

Medicare requires the ordering physician to document in the patients record the indication and justification for ordering the PET/CT scan. **PLEASE FAX ALONG WITH THIS REQUISITION THE FOLLOWING REPORTS: recent labs (cea levels), surgery reports, pathology reports, copies of the most recent CT and/or MRI reports, history and physical, or most recent office/progress notes. THIS WILL INSURE THAT MEDICARE, OR THE PRIVATE INSURER WILL NOT DENY PAYMENT FOR THE PATIENT.**

Physician's Signature \_\_\_\_\_

