



PET/CT Scan Request Form

2202 South Cedar St, Suite 200 • Tacoma WA 98405
Scheduling (253) 761-4200 (866) 761-4200 toll-free
Scheduling Fax (253) 761-4201 (866) 761-4201 toll-free fax

This form is part of the patient's medical record and must be completed for referral

Patient Name _____ Date of Birth ____-____-____
Gender male female Height (inches) _____ Weight (lbs) _____
Social Security Number ____-____-____ Home Number (____) ____-____-____ Work (____) ____-____-____
Primary Insurance _____ (Copy and fax front and back of card)
Secondary Insurance _____ (Copy and fax front and back of card)
Diabetic? no yes If yes, how is diabetes controlled? diet oral meds insulin
Claustrophobic? no yes Incontinence or urinary retention? no yes
Pregnant, breast feeding, post-partum? no yes - explain _____

PET/CT Exam Requested

- Whole Body Oncology** (please check if this scan is for: initial treatment subsequent treatment)
- Brain**
- Cardiac**

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s) or symptom(s) to reflect the "medical necessity" for each test. "Rule out," "possible," or "probable" conditions cannot be coded. For Medicare policy information see the Part B Bulletin or www.noridian.com/medweb

Diagnosis/reason for exam _____ ICD-9 code(s) _____

What is the clinical question to be answered? _____

History

Surgery (include type and date): _____

Radiation Therapy (include dates): _____

Chemotherapy (include dates): _____

Diagnostic CT requested in addition to PET/CT* _____

*A low-dose, non-contrast CT scan is performed as part of every PET/CT scan. The CT portion of the PET scan is not of diagnostic quality and will not be interpreted. However, if a CT of diagnostic quality is desired (with or without contrast) the exam must be ordered separately. Diagnostic CT exams with contrast will be performed separately at the conclusion of the PET/CT scan.

Required Documentation

Insurance coverage for PET scans is limited and must be pre-authorized by the patient's insurance carrier. This process, including scheduling with the patient, will be coordinated by TRA Medical Imaging Referral Coordinators.

Please assist us by faxing this form and the following items to (253) 761-4201

- Patient Demographics/Face Sheet
- Copy of insurance cards, both sides
- H & P or chart notes supporting medical necessity
- Reports from previous PET, CT, MRI, nuclear medicine, pathology, ultrasound, x-ray, etc., supporting primary diagnosis & medical necessity

X _____ Date of Referral ____-____-____
Referring Provider Signature (Required for Exam)

Referring Provider Name _____ Phone Number (____) ____-____-____

Fax Number (____) ____-____-____

PCP Name _____ PCP authorization # _____

Who should receive this report? _____

Office Contact: _____

PET/CT Patient Instructions

2202 South Cedar St, Suite 200 • Tacoma WA 98405
Scheduling (253) 761-4200
Scheduling Fax (253) 761-4201

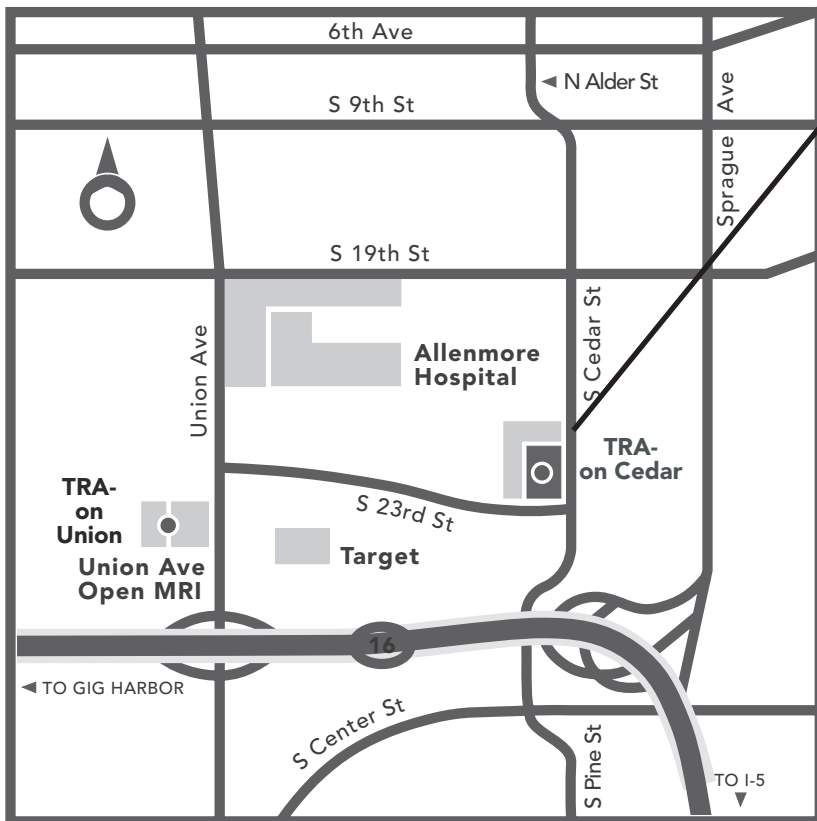
(866) 761-4200 toll-free
(866) 761-4201 toll-free fax

- **NOTHING TO EAT OR DRINK (EXCEPT WATER) AFTER MIDNIGHT**
- You are encouraged to drink water before your exam, but only water. Anything else may adversely effect exam quality.
- All necessary medications, except diabetes medications and steroids, may be taken with water.
- If you are diabetic, **DO NOT** take your morning diabetes medicine. If you need insulin in the morning, call a TRA Referral Coordinator and we will arrange the best schedule for you.
- No strenuous exercise before your exam.
- The PET/CT scanner room is air-conditioned, please wear long sleeves. Sweat suits work well.
- No metal such as zippers, metal buttons, etc. You can change into a gown if needed.

Please note: the entire visit (check-in to exit) takes from 2 to 2 1/2 hours.

The PET Scan is a time sensitive procedure. It is important you are on-time to your check-in. If you must cancel or re-schedule please notify us 24 hours in advance so we can cancel the radioactive compound which has been ordered specifically for your exam.

If you have Questions, please call a Referral Coordinator at (253) 761-4200.



TRA-On Cedar

2202 South Cedar St, Suite 200
Tacoma WA 98405
(253) 761-4200

The PET Scan is a time sensitive procedure. It is important you are on-time to your check-in. If you must cancel or re-schedule please notify us 24 hours in advance so we can cancel the radioactive compound which has been ordered specifically for your exam.