

Sodium Fluoride F-18 Injection

(PET/CT Bone Imaging)



R H O D E I S L A N D
PET Services, LLC

www.ri-pet.org

PET Scheduling: 877-689-5713

PETCT Fax: 800-508-1064

Check Location Requested

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Landmark Medical Center | <input type="checkbox"/> Roger Williams Medical Center | <input type="checkbox"/> Memorial Hospital @ | <input type="checkbox"/> Kent Hospital |
| <input type="checkbox"/> South County Hospital | <input type="checkbox"/> Our Lady of Fatima Hospital | 555 Prospect St. Pawtucket | <input type="checkbox"/> Westerly Hospital |

Appointment Date	Time

[1.] Patient Name	[2.] Date of Birth	[3.] Patient Telephone #
[4.] Referring Physician	[5.] Physician Telephone #	[6.] Physician Fax #
[7.] Primary Insurance	[8.] Subscriber's Insurance ID #	
Secondary Insurance	Insurance Prior Authorization #	

[9.] Signs and Symptoms

[10.] Type of Primary Cancer

[11.] Prior Testing:
<input type="radio"/> Tc99m Bone Scan Where _____ When _____ <input type="radio"/> CT Where _____ When _____ <input type="radio"/> PET/CT Where _____ When _____ <input type="radio"/> MRI Where _____ When _____

[12.] Patient Preparation
<p>Patient preparation is similar to a Tc99 MDP scan.</p> <p><i>This includes:</i></p> <ul style="list-style-type: none"> Drink plenty of fluids 12-24 hours prior to your scheduled exam. Wear warm and comfortable clothing. Typically no additional special preparation or restrictions need to be followed prior to a PET/CT bone scan with a Sodium Fluoride F-18 injection.

[13.] Medicare Coverage
<p>Please note that this study is covered by Medicare under the NOPR. Be sure to complete all of the necessary pre- and post-scan forms, and submit them within the guidelines. www.cancerpetregistry.org</p>

[14.] Physician's or Nurse Practitioner's Signature Only * (Stamps Not Accepted)	[15.] Date

*Provider types that can order/refer: Doctor of Medicine or Osteopathy (MD/DO), Dental Medicine, Dental Surgery, Podiatric Medicine, Optometry, Chiropractic Medicine, Physician Assistant, Certified Clinical Nurse Specialist, Nurse Practitioner, Clinical Psychologist, Certified Nurse Midwife, and Clinical Social Worker. State by state regulations may apply.

Please FAX this form (and recent office notes, radiology reports and pathology reports) to Scheduling Department after patient's examination has been scheduled.