

Check Location Requested

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

[1.] Patient Name*		[2.] Date of Birth*	[3.] Patient Telephone #
[4.] Referring Physician		[5.] Physician Telephone #	[6.] Physician Fax #
[7.] Primary Insurance		[8.] Subscribers Insurance ID #	
Secondary Insurance		Insurance Prior Authorization #	
[9.] Signs and Symptoms* Primary question to be answered?		Current Diagnosis:	

[10.] SPECIFIC REASON FOR PET/CT STUDY

INITIAL TREATMENT STRATEGY

Check one of the four reasons for PET/CT Study and completely fill out the corresponding section.

- Diagnosis:** Abnormal finding of _____ based on _____
Check one
- To determine whether the patient is a candidate for an invasive diagnostic or therapeutic procedure;
 - To determine the optimal anatomic location for an invasive procedure; or
 - To determine the anatomic extent of the tumor when the treatment recommendations depend on the extent.

- Initial Staging:** of confirmed newly diagnosed cancer
Check one
- To determine whether the patient is a candidate for an invasive diagnostic or therapeutic procedure;
 - To determine the optimal anatomic location for an invasive procedure; or
 - To determine the anatomic extent of the tumor when the treatment recommendations depend on the extent.

SUBSEQUENT TREATMENT STRATEGY

- Restaging:** (after the completion of treatment)
Check one
- Status post the completion of treatment for the purpose of detecting residual disease
 Last date of treatment _____ Type of treatment: _____
 - Detecting suspected recurrence, or metastasis of a previously treated cancer:
 Site of suspected recurrence / metastasis: _____ based on _____
 (circle one)
 - Determine the extent of a known recurrences. Confirmed by: _____
 - PET/CT is being used to potentially replace one or more imaging studies that 1) is being utilized to determine extent of known recurrence or 2) provided insufficient information for the clinical management of the patient.

- Monitor Tumor Response:** During Treatment
Check one
- Chemotherapy
 - Radiotherapy
 - Other (specify): _____

[11.] Other PET Indications, NOPR, Neurology and Cardiology Applications, or Special Instructions

[12.] Prescreening Questionnaire:

Pregnant: Y <input type="checkbox"/> N <input type="checkbox"/>	Previous CT <input type="checkbox"/> MRI <input type="checkbox"/> PET/CT <input type="checkbox"/>	Where _____ When _____
Diabetes: Y <input type="checkbox"/> N <input type="checkbox"/>	Pathology Y <input type="checkbox"/> N <input type="checkbox"/>	Where _____ When _____
	Radiation Therapy Y <input type="checkbox"/> N <input type="checkbox"/>	Physician _____ When _____
	Chemotherapy Y <input type="checkbox"/> N <input type="checkbox"/>	Physician _____ When _____

[13.] Physician's or Nurse Practitioner's Signature Only*	[14.] Date*
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[15.] Appointment Date and Time

ABOUT YOUR PETCT EXAM

THE FOLLOWING ITEMS MAY EXCLUDE YOU FROM HAVING A PETCT EXAM.

- Weight over 350 pounds
 - Pregnant
 - Diabetic or elevated blood sugars
 - Recent radiation therapy
- Please call the PETCT imaging center at (877) 689-5713 if any of these apply to you or if you have any questions

FOR YOU AN APPOINTMENT TIME HAS BEEN SPECIALLY RESERVED.

- Do not eat 6 hrs prior to exam: no caffeine, gum, cough drops or mints
- You may drink water, but no other liquids
- No strenuous exercise 24 hrs before exam
- Wear warm, loose-fitting clothing
- Please do not wear any jewelry
- Please arrive 30 minutes prior to your exam to allow for registration, consultation, glucose reading and radioisotope injection
- Please bring any previous x-rays, CT, MRI or any other test results with you on the day of your exam
- Bring your I.D. cards or insurance forms

Should you miss your appointment time without giving 48-hour advance notice, you may be billed for the missed exam.

CPT codes currently covered by medicare as of April 3, 2011

Refer to medicare coverage rules for full definitions of codes, restrictions, limitations and conditions of coverage.

- 78815 PETCT; skull base to mid-thigh
- 78816 PETCT; whole body; skull to feet
- 78608 Brain imaging, PET; metabolic evaluation
- 78609 Brain imaging, PET; perfusion evaluation

** If patient has medicare and the exam is not covered under guidelines, they can be entered into the **National Oncologic PET Registry (NOPR)**, which covers some cancers and indications that are not presently eligible for medicare reimbursement. Please go to www.cancerpetregistry.org or call us at (866) 245-5995 to see if the patient is eligible.

***Diagnosis** PET is covered ONLY in clinical situations in which the PET results may assist in avoiding an invasive diagnostic procedure, or in which the PET results may assist in determining an optimal anatomical location to perform an invasive procedure. In general, for most solid tumors, a tissue diagnosis is made prior to the performance of PET. **Therefore, the use of PET in the diagnosis of lymphoma, melanoma, esophageal and colorectal cancers should be rare.**

****Breast Cancer** As an adjunct to standard imaging modalities, staging distant metastasis or restaging patients with locoregional recurrence or metastasis; and as an adjunct to standard imaging modalities for monitoring response to treatment for locally advanced and metastatic disease to determine if therapy should be changed.

† **Thyroid Cancers** must meet all requirements:

1. Follicular Cell Origin
 - a. Papillary
 - b. Hurthle
 - c. Anaplastic
2. Thyroidectomy
3. Radioiodine Ablation
4. Serum Thyroglobulin greater than 10 nanograms (ng/ml)
5. Negative I-131 whole body scan (sometimes referred to as a Nuc Med I-131)



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

**PETCT Scheduling
(877) 689-5713**

**PETCT Fax
(800) 508-1064**