



DT0005

To Schedule (706) 475-3222'qr v03 • Imaging Services (706) 475-9729 • FAX: (706) 475-6791

PATIENT'S LEGAL NAME	DATE OF BIRTH	APPOINTMENT DATE	APPOINTMENT TIME	ORDERING PHYSICIAN
DIAGNOSES:		ICD-10 CODES:		
CLINICAL HISTORY:		ALLERGIES / PRECAUTIONS:		
PHYSICIAN'S SIGNATURE:		<input type="checkbox"/> CALL REPORT		

Positron Emission Tomography with Non-Contrast CT (PET/CT)

Previous CT or MRI? _____ Where? _____ Date? _____
 Previous PET Study? _____ Where? _____ Date? _____

Diabetic No Yes Diabetic Medication: _____

STUDY REQUESTED (Check One)

- | | |
|---|--|
| <input type="checkbox"/> <u>Brain only</u> (for brain tumor or neurologic indication) 78608 | <u>Special (non-standard) Body studies</u> |
| <input type="checkbox"/> <u>Standard Body study</u> (skull base to proximal thigh) 78815 | <input type="checkbox"/> Head and Neck cancer study (skull vertex to thighs) 78815 |
| | <input type="checkbox"/> Special-body study (skull vertex to toes) - <i>For lower extremity tumors</i> 78816 |

SPECIFIC REASON FOR PET STUDY (Check One)

- | | |
|--|---|
| <input type="checkbox"/> <u>Type of Neurologic disorder or disease</u> _____ | <input type="checkbox"/> <u>Histologically Proven</u> |
| <input type="checkbox"/> <u>Type of Cancer</u> _____ | <input type="checkbox"/> <u>Suspected</u> |

For Oncologic indications only:

Initial Treatment Strategy

- Diagnosis:** To determine if a suspicious lesion is cancer
 _____ Pulmonary nodule
 _____ Other (specify) _____
- Diagnosis:** To detect an occult primary tumor:
 _____ In a patient with known/suspected metastatic disease
 _____ In a patient with suspected paraneoplastic syndrome
- Initial Staging** of confirmed, newly diagnosed cancer

Subsequent Treatment Strategy

- Monitoring Response** during treatment. *Please specify:*
 Chemotherapy Radiotherapy Other (type) _____
- Restaging** after completion of therapy
 Chemotherapy Radiotherapy Other (type) _____
- Suspected Recurrence** of a previously treated cancer:
 Site of suspected recurrence is _____
 based on _____
- Surveillance** of a previously treated cancer in a patient with no known residual disease (**Not covered** by most insurers including Medicare).

Additional History or Instructions: _____

ADDITIONAL INFORMATION REQUIRED IF MEDICARE IS PATIENT'S PRIMARY INSURANCE

Medicare provides conventional coverage for oncologic PET studies performed for certain specific clinical indications. Most other oncologic PET studies are covered only if the referring physician provides additional information before and after the PET study as part of the National Oncologic PET Registry (NOPR) ([see http://www.cancerPETregistry.org](http://www.cancerPETregistry.org)).

Please check the appropriate covered indication or specify the requested NOPR registry-covered indication:

Initial Treatment Strategy

- Covered: Cancer Diagnosis or Initial Staging:** Covered by Medicare for essentially all cancer types (one study per patient per cancer).
 Specifically NOT COVERED: **Prostate** cancer, diagnosis of **Breast** cancer, and regional nodal evaluation of **Breast** cancer or **Melanoma**. Also see below.

- NOPR: Cancer Diagnosis or Initial Staging:** Covered for the following cancer types (select one).
 Cervical cancer (prior CT or MRI not performed) Cervical Cancer (prior CT of MRI performed and shows extrapelvic metastasis) Leukemia

Subsequent Treatment Strategy

- Covered: Restaging, Detection of Suspected Recurrence or Treatment Monitoring:** Covered for the following cancer types (select one). [*Note that routine surveillance is not covered.*]
- | | | |
|--|--|---|
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Colorectal Cancer |
| <input type="checkbox"/> Esophageal Cancer | <input type="checkbox"/> Head & Neck Cancer | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Myeloma | <input type="checkbox"/> Non-small Cell Lung Cancer |
| <input type="checkbox"/> Ovarian Cancer | <input type="checkbox"/> Thyroid Cancer (with elevated thyroglobulin and negative I-131 whole-body scan) | |

- NOPR: Restaging, Detection of Suspected Recurrence or Treatment Monitoring:** All other cancer types. [*Note that routine surveillance is not covered.*]

REQUIRED FOR NOPR STUDIES

ETHNICITY: Hispanic Not Hispanic Unknown
 Race: Asian Black or African American White or Caucasian Other Unknown

For NOPR studies, also complete and submit the pre-PET form for National Oncologic PET Registry

PATIENT LABEL