HOBOKEN RADIOLOGY

79 Hudson Street, Suite 100, Hoboken, NJ 07030
Call (201)222-2500 *to schedule an appointment &* ***Fax*** *completed form to* ***(201)469-0555***

ACR AMERICAN COLLEGE OF RADIOLOGY ACCREDITED FACILITY

PET/CT SCAN

WITH TIME OF FLIGHT & LOW DOSE

PLEASE PRINT

Patient Name: _____ D.O.B: ___/___/___

Home Phone: _____ Work/Cell Phone: _____ Ext.: _____

Primary Insurance: _____ Authorization #: _____

Referring Physician: _____ Phone: _____ Fax: _____

Patient Diagnosis & ICD 9: _____

Clinical Indications:	CPT	Diagnosis/ Initial Staging	Monitoring / Restaging / Suspected Recurrence
NEUROLOGICAL:			
Cognitive Impairment / Rule out Alzheimer's	78608	☐	See Reverse Side for Patient Criteria
Brain Metabolism (Epilepsy)	78608	☐	N/A
ONCOLOGICAL:			
Breast	78815	☐	☐
Cervical / Ovarian / Uterine	78815	☐	☐
Colorectal	78815	☐	☐
Esophageal	78815	☐	☐
Head & Neck (Non CNS/Non Thyroid)	78815	☐	☐
Lung	78815	☐	☐
Lymphoma	78815	☐	☐
Melanoma	78816	☐	☐
Solitary Pulmonary Nodule Characterization	78815	☐	N/A
Sarcoma	78815	☐	☐
Thyroid (Papillary)	78815	☐	☐
OTHER Specify: _____		☐	☐
PET/CT Bone Scan (18F Sodium Fluoride)	78816	☐	☐

*Please note that we participate with the National Oncological Pet Registry (N.O.P.R.) research program which provides coverage to medicare patients for most PET/CT's being performed for non-covered indications. We will notify you and provide additional forms to be completed if required.

Clinical History: _____

Diabetic: ☐ Yes ☐ No **Pregnant:** ☐ Yes ☐ No **Breast Feeding:** ☐ Yes ☐ No

Type of Biopsy/Surgery & Date: _____

Is any Infection Present? ☐ Yes ☐ No Organism/Location: _____

☐ Radiation Therapy Last Date: _____ ☐ Chemotherapy/Last Date: _____

(PET/CT scan must be 2 months after Treatment) *(PET/CT scan must be between cycles)*

Anatomic Location: _____ Name of Drug: _____

Recent CT, MRI or PET Scan: ☐ Yes ☐ No *(If "Yes" fax reports with completed form)*

REFERRING PHYSICIAN SIGNATURE: _____

ALZHEIMER PATIENTS:
MEDICAL HISTORY AND PATEINT CRITERIA

Date of onset of clinical symptoms: ____/____/____ **Diabetic:** ☐ Yes ☐ No

EXAM REQUESTED:

Brain PET/CT to differentiate Alzheimer's disease from Dementia (CDM code: 094033 81)

CERTIFICATION:

(IF PATIENT HAS MEDICARE AS PRIMARY INSURANCE, ALL MUST BE CHECKED)

- ☐ The patient has documented clinical cognitive decline over a 6 month period.
- ☐ Cognitive decline is not typical for Alzheimer's disease versus Frontal Temporal Dementia.
- ☐ The patient had comprehensive clinical evaluation performed by a physician experienced in the diagnosis and treatment of dementia.
- ☐ The patient has not had a PET Scan within the last 12 months.

CLINICAL FINDINGS: _____

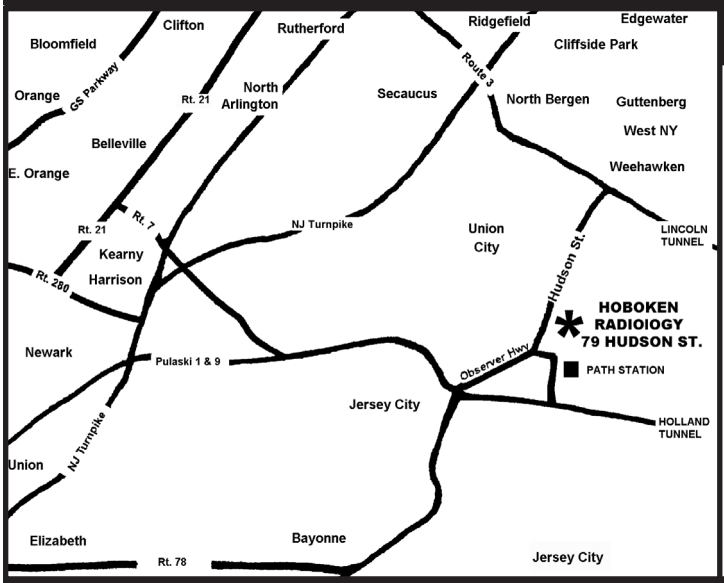
_____

PET/CT PREPARATION *Excludes F18 Sodium Fluoride Bone Scans

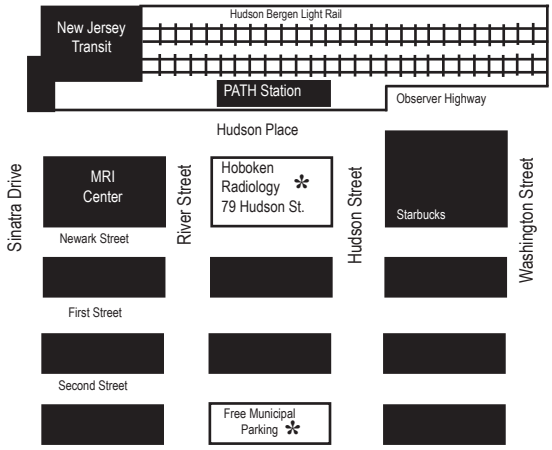
1. Patient needs to bring a copy of the most recent MRI and CT films and reports with them.
2. Patient should not bring children or pregnant women with them to their appointment.
3. Tell your physician if you are pregnant or think you might be pregnant, or if you are a nursing mother.
4. Wear loose fitting comfortable clothing, free of metal snaps, buttons, and/or pendants. Do not wear jewelry.
5. Have you recently had an Upper GI Series, Small Bowel Series, or Barium Enema, if so when?
6. Patient is to drink 40oz. of water the evening before the study, and 32oz. of water the morning of the study, if possible.
7. The patient is not to have anything by mouth for 6 hours prior to the scan, except water. (Diabetic patients 4 to 6 hours).
8. Patient also cannot have concentrated sugars (candy or juices) or natural sugar, such as found in fruit, the day of and the day before the exam.
9. Patient should have a high fat low carbohydrate dinner the night before the scan.
10. No strenuous activity the day before and the day of the scan.
11. You may take your prescription medication with water only.
12. Patient needs to bring a list of medications with them to the appointment.
13. If you are claustrophobic, it is important for you to notify us.
14. No caffeine, smoking, or alcohol for 12 hours prior to the appointment time.
15. If for Head or Neck please do not drive the day of your test.

(PET/CT Preparation Available in Spanish)

Positron Emission Tomography ACR American College of Radiology ACCREDITED FACILITY



DIRECTIONS



Validated parking available at Municipal Parking on Hudson St. Between 2nd and 3rd.

FREE TRANSPORTATION AVAILABLE **FREE PARKING**