

Physician Request for PET Imaging

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DATE OF REFERRAL	REFERRING PHYSICIAN
SIGNATURE OF REFERRING PHYSICIAN (REQUIRED FOR EXAM)	

PATIENT INFORMATION

NAME: LAST	FIRST	M	DATE OF BIRTH
SS#	HOME PHONE		WORK PHONE
ADDRESS		CITY	STATE ZIP
INSURANCE: PRIMARY		SECONDARY	
HEIGHT (INCHES)	<input type="checkbox"/> DIABETIC <input type="checkbox"/> CHF <input type="checkbox"/> COLOSTOMY BAG		
WEIGHT (LBS)			

EAST ANCHORAGE (DEBARR)	MAT-SU (BOGARD)
<input type="checkbox"/> PET/CT <input type="checkbox"/> PET/CT BONE <hr/> <input type="checkbox"/> CT <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> PELVIS <hr/> <input type="checkbox"/> PET/MRI BRAIN NON CONTRAST FUSION <hr/> <input type="checkbox"/> DUAL ISOTOPE	<input type="checkbox"/> PET/CT <input type="checkbox"/> PET/CT BONE <hr/> <input type="checkbox"/> CT <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> PELVIS <hr/> <input type="checkbox"/> PET/MRI BRAIN NON CONTRAST FUSION <hr/> <input type="checkbox"/> DUAL ISOTOPE

CLINICAL INFORMATION

DIAGNOSIS/REASON FOR EXAM	
ICD-9 CODE(S)	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 .

<input type="checkbox"/> Any Scans related to the PET	Exam _____	Facility _____	Date _____
<input type="checkbox"/> Any Biopsies related to the PET	Facility _____	Date _____	
<input type="checkbox"/> Any Surgeries related to the PET	Describe _____		
<input type="checkbox"/> Any Treatments related to the PET			
<input type="checkbox"/> Chemotherapy	If YES, when was it completed? _____		
<input type="checkbox"/> Radiation Therapy	If YES, when was it completed? _____		
<input type="checkbox"/> Other	Specify _____		
<input type="checkbox"/> Other clinical indications	Describe _____		

REQUIRED DOCUMENTATION

Insurance coverage for PET scans is limited and must be pre-authorized by the patient's insurance carrier. This process will be coordinated by Imaging Associates of Providence.

Please assist us by faxing this form and the following items to 907-330-1222 (EAST ANCHORAGE DEBARR) or 907-357-1222 (MAT-SU BOGARD).

- Copy of insurance cards (both sides)
- Biopsy report and H&P or chart notes supporting medical necessity
- Reports from previous PET, CT, MRI, nuclear medicine, pathology, ultrasound, x-ray, etc., supporting primary diagnosis and medical necessity

Patient Prep Instructions for Positron Emission Tomography (PET)

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POSITRON EMISSION TOMOGRAPHY (PET) PREP

- If you are having a **PET scan** on your bones or heart, there are no preparations prior to your scan.
- If you are having a **PET Brain exam**, the prep is high carbohydrates and low protein the day before the exam.

The Day Before The Exam On All Other PET Exams

- Please follow the above dietary guidelines 24 hours prior to your appointment.
- Do not engage in strenuous exercise and do not chew tobacco or gum.
- Following a low carbohydrate diet is important!

Foods Allowed:

- All meats (unbreaded)
- Seafood (unbreaded)
- Eggs
- Tofu
- Unsweetened peanut butter
- Oil
- Butter
- Margarine
- Non-starchy vegetables (for example: green beans, broccoli, spinach, zucchini, and lettuce)

Foods NOT Allowed:

- All cereals
- Grains and breads
- Pancakes
- Pastries
- Pasta
- Potatoes
- Corn
- Peas
- Rice
- Dry beans
- Sugars
- Candy
- Jams and jellies
- Berries
- Fruit
- Fruit juices
- Honey
- Syrup
- Milk
- Non-dairy milk
- Salad dressings
- Gravies
- All alcoholic beverages
- Any food with more than 5 grams of carbohydrates per serving listed on the label

What To Expect The Day Of The Exam

Continue to drink plenty of water but **do not eat** any food or drink coffee. Do not smoke or chew tobacco or gum. Please take any regular medications with water **ONLY**. When you arrive you will check in at the front desk. A tech will then escort you to a quiet room to begin your study. At this time you will be injected with a radioisotope and will be asked to relax quietly for approximately 1 hour. After this period, you will be moved to the scan room to complete the study. The scan is completed in segments and will take 45–90 minutes.

Results

Results will be read by our radiologist and a report will be faxed to your physician's office within 24–48 hours.

Questions

Feel free to call us at 330-1220 (East Anchorage/Debarr) or 357-1220 (Mat-Su/Bogard in Wasilla) with any questions you may have. You will also find general information on our website: www.imagingak.com.