



Request Form for Scheduling PET-CT Scans

Patient Name _____ Date Exam Needed _____

DOB _____ Gender _____ Weight _____ lbs.

Patient's Phone _____ Physician _____

Office Scheduler Name _____ Phone _____ Fax _____

Insurance _____ Authorization # _____

Diabetic? No Yes Diabetic Medication: _____

Allergy to contrast? No Yes Claustrophobic? No Yes

Creatinine: _____ Date Drawn: _____

PET STUDY REQUESTED

- Standard Body Study (skull base to proximal thigh)
 Limited Chest (e.g., pulmonary nodules <3 cm)
 Head and Neck Cancer Study (mid-brain to top of Kidneys)
 Whole Body Study (skull vertex to toes, i.e., Melanoma or unknown primary cancers)
 Brain Only (e.g., dementia, epilepsy for surgical Evaluation, tumor evaluation)
 Check here to have no diagnosis CT performed.

Specific reason for PET Study
Complaint/Signs and Symptoms:
 Histologically proven Suspected
 Initial Scan Includes solitary pulmonary nodules, pre-therapy staging and diagnosis of lesions
 Subsequent Scan Includes restaging of disease following therapy, suspected recurrence and surveillance of previously treated cancer

*A low-dose, non-contrast CT scan is performed with every PET-CT scan done at Trinity Health Saint Mary's. This low-dose CT scan is not diagnostic quality and will not be interpreted. If you would like a diagnostic-quality CT scan, with or without contrast, done in conjunction with the PET scan, you can indicate so on this form.

Diagnostic CT Scans Requested

- Chest with contrast Chest without contrast
 Abdomen with contrast Abdomen without contrast
 Pelvis with contrast Pelvis without contrast
 Head with contrast Head without contrast
 Neck with contrast Neck without contrast
 Other (please specify) _____

Complaint/Signs and Symptoms for CT Scan:

Physician Signature _____ Date _____

For scheduling, please call 616-685-4000. Please pre-register patients by calling 616-685-6094. Please FAX this form (and recent office notes, radiology reports and pathology reports) to 616-685-3038 after patient's examination has been scheduled.

Your patient is scheduled on _____ at _____.