

Request for Diagnostic Imaging Services: PET/CT

VALLEY DIAGNOSTIC
IMAGING SERVICES

Scheduling Phone: 425.656.5416 Toll Free: 877.674.2674 Fax this Referral to: 425.656.4298

Appt Date: _____

Appt Time: _____

Check-in: _____

PATIENT INFORMATION (Please print):

Patient Name: _____ Date of Birth: _____ SS#: _____

Telephone(s): _____ E-mail: _____ Height: _____ Weight: _____

Primary Insurance Name: _____ (please obtain insurance pre-authorization prior to scheduling)

Referring Physician: _____ Phone #: _____ Fax #: _____

Authorization #: _____ ID #: _____ Group #: _____ Insurance Ph #: _____

IMPORTANT CLINICAL INFORMATION: CPT: _____ ICD-9 / ICD-10 Required: _____

Known symptoms, diseases, allergies, clinical info? _____

Specific area required (left, right upper, lower, etc.) _____ Encounter Required: Initial Subsequent Sequelae

Relevant prior surgery/radiation? _____ Prior Images? Yes No Where? _____

Pregnant, possibly pregnant or breastfeeding? Yes No If Yes, how many weeks? _____ Primary healthcare provider: _____

Diabetes: Yes No Insulin Oral Meds Recent Surgery: Yes No Facility: _____

Cancer Treatment: Radiation Therapy Date: _____ Area of Body: _____

Chemotherapy Date: _____ Area of Body: _____ Bone Marrow Stimulation: Yes No

Was a CT, MRI or PET scan performed in the last 12 months? Yes No Where: _____ (please send any pathology reports with this request)

Smoking: Current Quit, Date: _____ What: _____ How much (packs per day): _____

Claustrophobic: Yes No Pre-medication needed: Yes No

REPORT PREFERENCE: Prelim. Report: Call _____ Fax: _____ CD: _____

Send images on CD to: _____ (NOTE: CD report format is preferred)

DIAGNOSTIC CT: (Requires additional CPT Code)

Neck Abdomen Super Dimension Chest Chest Pelvis Other: _____ Creatine: _____ Date Drawn: _____ IV (creatinine) draw (at VDIS only)

CONTRAST: Oral IV Rads Discretion **Contrast Allergy:** Yes No Explain: _____

EXAM REQUESTED:

Oncology Indications: (Skull Base to Thigh) (78815)

Solitary Pulmonary Nodule

Lung Cancer:

NSCLC - Non Small Cell

SCLC - Small Cell

Diagnosis Initial Staging Restaging

Colorectal Cancer

Diagnosis Initial Staging Restaging

Breast Cancer

Staging or Restaging

Genitourinary

Staging-adjunct to conventional staging

Cervical

Ovarian

Head & Neck Cancer (non-CNS/thyroid)

Diagnosis Initial Staging Restaging

Esophageal Cancer

Diagnosis Initial Staging Restaging

Thyroid Cancer

Restaging (Follicular Only) (Following negative 1131
WB Scan and serum Thyroglobulin > 10ng/ml)

Lymphoma

Diagnosis Initial Staging Restaging

Brain: (78608)

Differential diagnosis of Frontal-temporal
Dementia and Alzheimer's Disease

Brain Refractory Seizures

Whole Body Melanoma (78816)

Initial Staging

Restaging

NaF-18 Bone PET (No Prep)

Metastatic Disease

Myocardial Viability:

With an inconclusive SPECT

Prior to revascularization

OTHER:

X

(Physician Signature)

(Date)

VALLEY DIAGNOSTIC IMAGING SERVICES

Patient Preparation for PET/CT

(Does not include NaF-18 Bone PET)

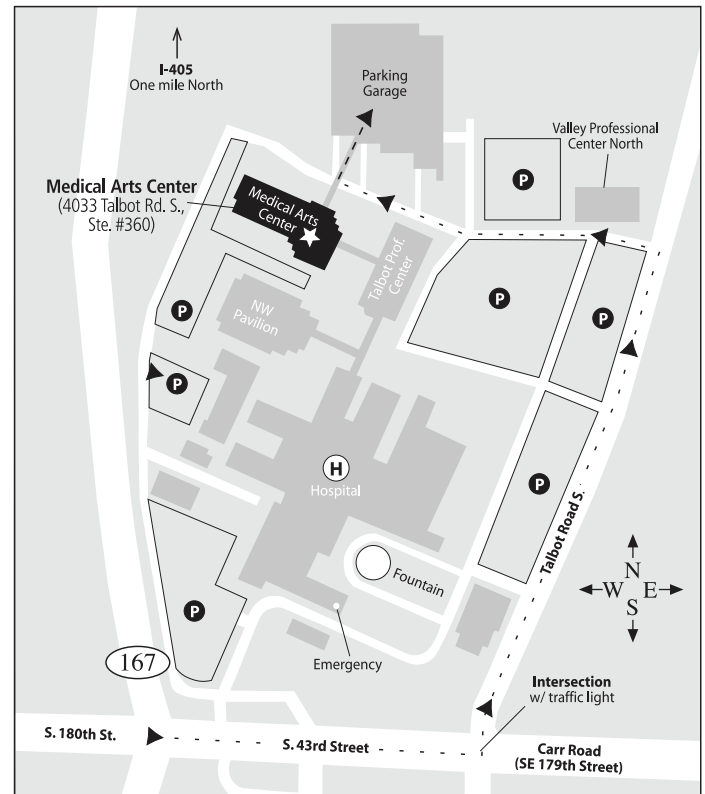
LOCATION MAP:



PET Exams are performed at:

Valley Diagnostic Imaging Services
Medical Arts Center
4033 Talbot Road S., Ste. 360
Renton, WA 98055
425.656.5416 for directions

www.vrads.com



Driving Directions to the Medical Arts Center:

Driving North or South on I-5, take the I-405 North exit. In Renton, take the Southbound Hwy. 167 (Kent/Auburn) exit. From 167, take the first exit, S. 180th Street. Follow the signs to the Hospital (Valley Medical Center). If you are driving North-bound on Hwy. 167, take the 43rd St. exit. Follow the medical center campus map above for the Medical Arts Center location and free parking.

PATIENT PREPARATION:

For best results with your PET/CT scan, please follow these instructions. If you have any questions about the scan or your appointment, please call us at 425.656.5416.

Instructions and Requirements for All Patients:

- **No food or drink (other than water) for 12 hours prior to scan (including gum, breath mints, cough drops, hard candy or anything that may contain sugar).**
- You may drink **ONLY** water up to the time of your scan. It must be plain, unflavored water, not tea or coffee.
- No strenuous exercise 24 hours prior to your scan.
- Take medications as scheduled prior to your scan as long as they are tolerated on an empty stomach.
- Avoid wearing any metal (including underwire bra, jewelry, hair pins/clips and metal belt buckles.)
- Wear warm, loose-fitting clothing; the scanning room tends to be quite cool. You will **NOT** be required to remove your clothing prior to the scan.
- Allow 2 hours for your appointment. For the scan itself you must be able to lay still and mostly flat for about 30 minutes.
- If you need pain or anxiety medication, obtain this medication from your physician and bring it with you to your appointment.

Additional Instructions for Diabetic Patients:

- On the day of the exam, diabetics who take **ORAL** medications should wait until the scan is completed to take them.