Request for Diagnostic Imaging Services: PET/CT

VALLEY DIAGNOSTIC IMAGING SERVICES

Scheduling Phone: 425.690.6290 Toll Free: 877.674.2674 Fax this Referral to: 425.690.9751

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

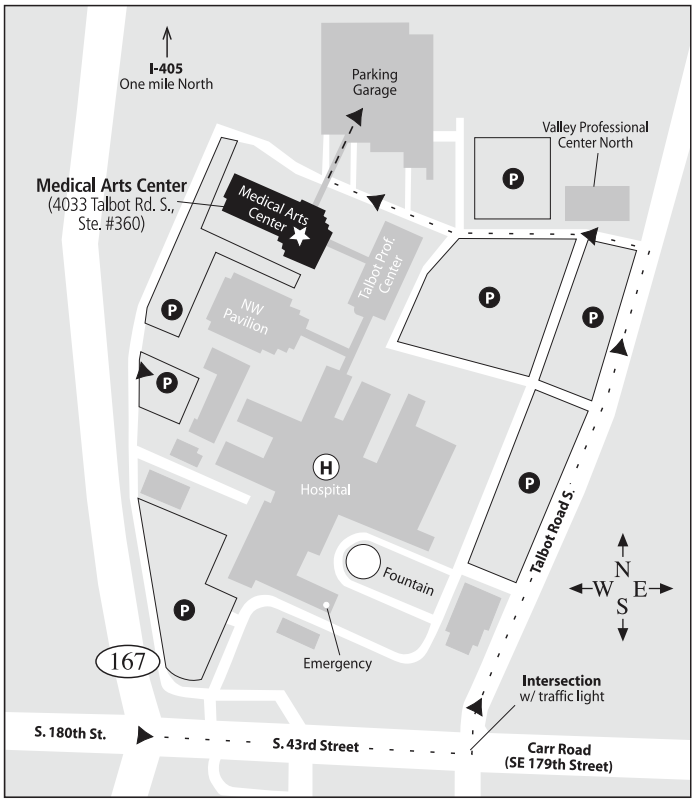
(Does not include NaF-18 Bone PET)

LOCATION MAP:

PET Exams are performed at:

Valley Diagnostic Imaging Services
Medical Arts Center
4033 Talbot Road S., Ste. 360
Renton, WA 98055
425.690.6290 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 43 rd 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 425.690.6290.

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 gummie vitamins or CBD products.
- No strenuous exercise 24 hours prior to your scan.
- Please do not take any liquid medications or cough syrup prior to your exam. Continue to take any hard pill medications prior to your exam 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.
- 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 MUST wait until the scan is completed to take them.