

Request for Diagnostic Imaging Services: PET/CT

VALLEY DIAGNOSTIC
IMAGING SERVICES

Scheduling Phone: 425.690.6290 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-10 Required: _____

Known symptoms, diseases, allergies, clinical info? _____

Reason for exam? _____ 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)

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 Chest Abdomen Pelvis Super Dimensional Chest Other: _____ Creatinine: _____ Date Drawn: _____ IV (creatinine) draw
(at VDIS only)

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

EXAM REQUESTED:

Oncology Indications:

- | | |
|--|---|
| <input type="checkbox"/> PET Skull Base to Thigh - 78815 | <input type="checkbox"/> PET Brain - 78608 |
| <input type="checkbox"/> PET Whole Body - 78816 | <input type="checkbox"/> Differential diagnosis of Frontotemporal Dementia versus Alzheimer's Disease |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Myeloma | <input type="checkbox"/> PET 68Ga Dotatate Skull Base to Thigh (Neuroendocrine) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> PET Prostate PSMA - 78815 |

X

(Physician Signature)

(Date)

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Patient Preparation for PET/CT

(Does not include NaF-18 Bone PET)

LOCATION MAP:



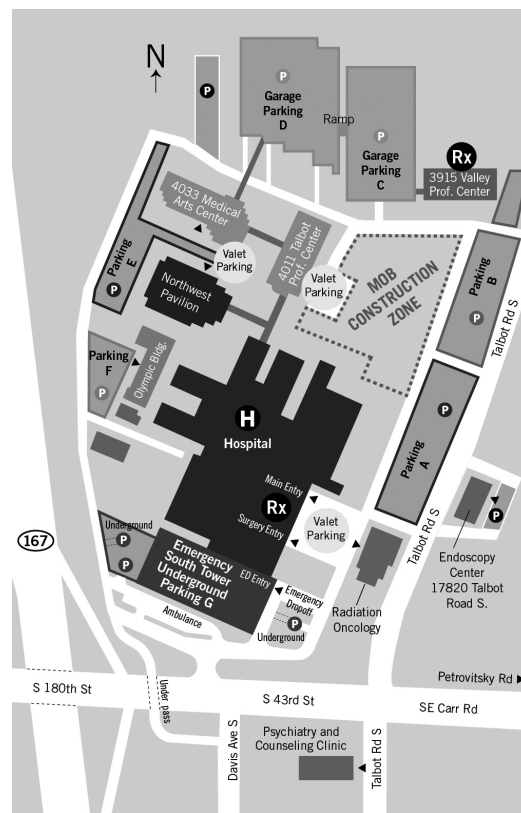
PET Exams are performed at:

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, no tea or coffee. No gummie vitamins or CBD products.
- No consumption of alcohol or products containing alcohol 24 hours prior to the exam.
- No use of nicotine products the day of exam.
- No 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, diabetic patients who take **ORAL** medications **MUST** wait until the scan is completed to take them.