

The Radiology Clinic PET Scan Request Form

Complete this form and fax with the request items to (205) 343-6700
For help questions, please call (205) 345-7000 ext. 276

Patient _____ DOB _____

SS # _____ Sex _____ Weight _____ Diabetic: Y / N

Telephone (home) _____ Alternate _____

Primary Insurance _____ Policy # _____

Please include the following information and fax to the number above:

- Copies of reports from the most current CT / MRI scans, biopsy results, and lab work.
- Patient/ Doctor's notes
- Clinical indication and ICD-9 codes marked on this sheet

Please enter ICD-9 Code

Please Check One

ICD - 9	Indication	Characterization		
	Single Pulmonary nodule(not exceeding 4cm)			
ICD - 9	Indication	Diagnosis	Initial Staging	Restaging
	Lung Ca (insurance may not pay-see below)			
	Melanoma			
	Lymphoma			
	Head and Neck Cancer (excluding CNS)			
	Esophageal Cancer			
	Colorectal Cancer			
	Breast Cancer			
	Thyroid Cancer			
	Evaluation of refractory seizures			
	Myocardial viability			
	Other (specify)			

*Regarding lung cancer diagnosis: Medicare/Blue Cross will not pay if Pet is negative.

DECLARATION OF MEDICAL NECESSITY

I _____ attest to the accuracy of the information and
(print Physician's name) medical necessity of the exam ordered.

Physician's signature _____ Date _____ Phone _____

PET SCAN PATIENT INSTRUCTIONS

Due to the expensive and individual nature of the medicine used, cancellations **MUST BE** made by 5:00 the day before exam.

IF YOU ARE A DIABETIC AND ARE INSULIN DEPENDENT PLEASE CONTACT THE NUCLEAR MEDICINE DEPARTMENT HERE AT THE RADIOLOGY CLINIC YOU CAN SPEAK WITH PAULA, JAMES OR ROBERTA (345-7000)

PREPARING FOR A PET SCAN:

- Expect to spend approximately two hours at the clinic
- Please bring your insurance cards and a photo ID

PREP INSTRUCTIONS FOR HIGH PROTEIN / NO CARBOHYDRATES DIET:

THE HIGH PROTEIN DIET ALLOWS THE REDUCTION OF CARDIAC UPTAKE SEEN NORMALLY ON A PET SCAN

Main course:	Vegetables:	Dessert:	Drink:
Beef	Broccoli	Peanut Butter	Black coffee
Fish	Asparagus	Cheese	Unsweet tea
Chicken	Cauliflower	Cottage Cheese	Water
Eggs and bacon	Zucchini		
Tuna	Spinach		
	Mushrooms		

Each patient needs to avoid the following foods the night before the PET Scan:

All carbohydrates and sugar	Breads
Potatoes	Beets
Rice	Pasta
Corn	All fruits
Carrots	Juices
Crackers	

THE DAY BEFORE EXAM:

- Drink **80** ounces of water (**just through the day**)
- Do not do any strenuous activity

THE DAY OF THE EXAM:

- Drink **20** ounces of water
- You may take your medications prescribed by your physician (**unless you are a diabetic and are insulin dependent**)
- Wear loose fitting, comfortable clothing and avoid wearing metal or jewelry

THE DAY OF THE PET SCAN - THE PATIENT DOES NOT NEED TO EAT OR DRINK ANYTHING (EXCEPT WATER) FOUR HOURS PRIOR TO THE TEST.