

PET SCAN ORDER

 PET SCANNER IS LOCATED AT: COWELL FAMILY CANCER CENTER
 MUNSON HEALTHCARE CADILLAC HOSPITAL


PATIENT PREP IS LOCATED ON THE BACK OF THIS FORM

*****PATIENT – BRING THIS FORM WITH YOU*****

PATIENT LEGAL NAME:	DATE OF BIRTH:	MALE OR FEMALE	SCHEDULED DATE AND TIME:
DIAGNOSIS:	WEIGHT:	HEIGHT:	DIABETIC: Y OR N
COPY REPORT TO:		PHYSICIAN OFFICE FAX NUMBER:	
Required for medical verification: Physician office must fax H&P or Discharge Summary along with any lab, biopsy or radiology reports to Radiology Scheduling at FAX: 231- 935-3473 PHONE: 800-968-9292			

Scan Type (check one)	MEDICARE APPROVED INDICATIONS	MEDICARE APPROVED INDICATIONS
<input type="checkbox"/> Skull Base to Mid-Thigh <input type="checkbox"/> Whole Body for Melanoma and/or for known or suspected lower extremity tumors <input type="checkbox"/> Brain Only - Oncologic <input type="checkbox"/> Brain Metabolic - (Differentiation between Alzheimer's & Fronto Temporal Dementia) <input type="checkbox"/> Cardiac - Myocardial Viability <input type="checkbox"/> NaF18 PET Bone Scan (NOPR)	Initial Treatment Strategy <i>(formerly "diagnosis" and "staging")</i> Check appropriate indication <input type="checkbox"/> OUTSIDE FILMS AVAILABLE AT MUNSON	Subsequent Treatment Strategy <i>(formerly "restaging" and "monitoring response to treatment")</i> Check appropriate indication <input type="checkbox"/> OUTSIDE FILMS AVAILABLE AT MUNSON
Colorectal		
Esophagus		
Head and Neck (not Thyroid or CNS)		
Lymphoma		
Lung (Formerly SPN is Neoplasm of uncertain behavior of Respiratory System)		
Ovary		
Brain		
Cervix*		
Soft Tissue Sarcoma		
Pancreas		
Testes		
Prostate	NOT COVERED	
Breast (male and female) **		
Melanoma***		
All other solid tumors		
Myeloma		
Type of cancer if not listed:		

Physician Signature: _____ Date _____ Time _____
--

Printed Physician's Name: _____

IF PATIENT'S OUTSIDE FILMS ARE NOT AVAILABLE THERE WILL BE A DELAY OF 5-7 BUSINESS DAYS FOR READING PET SCAN

*Cervix: Non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. Covered for all other indications for initial anti-tumor treatment strategy. **Breast: Non-covered for initial diagnosis and/or staging of axillary lymph nodes. Covered for initial staging of metastatic disease and all other indications for initial anti-tumor treatment strategy. ***Melanoma: Non-covered for initial staging of regional lymph nodes. Covered for all other indications for initial anti-tumor treatment strategy.



PATIENT ID LABEL

Patient Instructions for FDG PET scans

1. Drink plenty of water prior to the exam – start hydrating 48 hours prior to the appointment. You may continue drinking water up to your appointment time.
2. You may eat 4 hours prior to your arrival.
3. A low sugar breakfast/lunch depending on your appointment time.
 - Example: Any style eggs with bacon or sausage, toast (no jelly), black decaffeinated coffee and water.
4. NO fruit juices or coffee additives.
5. Do not chew gum, candy mints, breath mints, hard candy etc. 4 hours prior to exam.
6. Please continue taking all medications as you normally would.
 - Medication dosing changes may be required prior to your PET scan. Please contact the provider who ordered this exam for instructions. If you are not properly prepared, your PET scan may need to be rescheduled.
 - **Your blood glucose level must be within a normal range, i.e. 60- 180ug/dl. If your level is not within this range the morning of your exam – please contact the PET scanner at 231-392-8480.**
7. Do not smoke 4 hours prior to exam.
8. Refrain from any strenuous activity the day prior and the day of your appointment, i.e. no climbing stairs, taking a long walk or any other type of activity that would cause muscle exertion.
9. Please weigh yourself the day of exam – we will need to know your current weight.

***Wear warm comfortable clothing that is metal free.**

Prep for NaF18 PET scans

1. Drink plenty of water.
2. Patient may eat normally and continue to take their medications as prescribed.