New England PET Imaging System

Physician Order Form for PET/CT

Date: _____

Patient Name: _____ **Date of Birth:** _____ **Ht:** ____ **Wt:** ____

Primary Diagnosis: (Signs & Symptoms/Diagnosis: R/O is NOT acceptable as a Primary Diagnosis)

_____

_____

Clinical Question: (Please specify; initial treatment strategy, subsequent treatment strategy)

_____

Patient Cancer History: _____

_____

PET/CT Examination Requested:

1) _____ **Total Body PET/CT scan** ***(eyebrows to mid-thigh CPT 78815)***
2) _____ **Total Body PET/CT scan** ***(whole body, CPT 78816; Initial staging for Lymphoma and Melanoma)***
3) _____ **Prostate PET/CT scan ___ F18 Pylarify PSMA ___ Ga68 PSMA-11 (Illuccix) ___ F18 Posluma ___ F18 Axumin**
4) _____ **Gallium-68 Dotatate Scan (Neuroendocrine Tumor)**
5) _____ **Amyloid Brain PET/CT ___ F18 Amyvid ___ F18 Neuraceq**
6) _____ **Metabolic Brain PET/CT scan (FDG) ___ Evaluate FTD vs AD ___ Other**

Is the patient in Chemotherapy? ____ Yes ____ No

If yes, when was the last treatment? _____

Is the Patient currently taking Neupogen or Neulasta? ____ Yes ____ No
(patient must be off medication four weeks prior to a PET Scan)

Is the Patient in Radiation Therapy? ____ Yes ____ No
If yes, when was the last treatment? _____

Signature of Referring Physician: _____
Referring Provider office phone: _____ **Fax:** _____

PET Scan Appointment Date: _____ **Time:** _____

(This requisition must be filled out entirely and accurately in order for the PET scan to be properly scheduled.) **Please FAX this Form to correct site below.**

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