

SWEDISH MEDICAL IMAGING

SWEDISH ISSAQUAH NUCLEAR MEDICINE/PET-CT REQUISITION FORM

Phone: 425-313-5400 • Fax: 425-313-5401 • 751 NE Blakely Drive, Issaquah, WA 98029

Today's date:____

Patient information: (All fields are required)				
Patient legal name:		Date of birth [.]		
Patient phone number: 🗌 Male 🗍				
Call patient to schedule Need interpreter (language)				
Pregnant? Yes No Diabetic? Yes No Allergies			-	
Insurance/Plan: Member #/				
Authorization #: Valid date(s				
Ordering provider: (All fields are required)	/·			
Physician printed name:	NDI	Phone:		
Signature: (required)				
Clinic contact:				
In event of critical finding, contact:				
		Thore		
Reason for exam: (All fields are required)				
ASAP Routine Symptoms/Diagnosis:				
Reason for exam:				
ICD-10:		CPT code(s):		
Reports are always faxed. □ Fax <i>additional</i> report to: Date of the second sec	r	Fax:		
Prior films? 🗌 No 🗌 Yes, where?	If injured, date of injury:			
Swedish Image Transfer Request Form: <u>https://www.swedish.org/services/medical-imaging/image-transfer-request</u>				
Comments/Instructions:				
Decision support Vendor (G code) Adh	erence code (M mod	ifier) ID	Score	
Exam ordered: (Patient preps and directions on back)				
Does patient have any implants? 🗆 No 🗆 Yes, what and where				
For PET-CT oncology: Type of cancer:		nosis 🛛 Initial staging	g 🗆 Therapy follow-up	
Nuclear Medicine	PET/CT			
🗆 Bone scan	\Box Whole body scan F-18 FDG (skull base through mid-femur)			
□Whole body □Limited □3 Phase □SPECT		Whole body scan F-18 FDG with extremities		
\Box VQ lung scan (ventilation/perfusion) \Box Renal flow and function \Box With lasix \Box Without lasix	Brain F-18 FD	☐ Brain F-18 FDG ☐ Gallium-68 Dotatate (Netspot) scan		
Hepatobiliary scan (HIDA)		\Box F-18 fluciclovine (Axumin) scan		
Gastric emptying study (GES)		Include the following diagnostic CT:		
Thyroid uptake and scan		Contrast? 🗆 With 🗆 Without		
Thyroid cancer	□ Without and	□ Without and with Creatinine:		
\Box WB Scan only \Box WB scan and I-131 treatment	🗆 Head CT			
□ Thyrogen stimulated □ Withdrawal		□ Soft tissue neck CT		
Parathyroid scan		Chest CT		
□WBC scan □Myocardial perfusion scan – Treadmill	D Abdomen CI	Abdomen CT		
☐ Myocardial perfusion scan – headhin ☐ Myocardial perfusion scan – Pharmacologic		□ Pervis C1 □ Other CT:		
Cardiac bloodpool (MUGA scan)				
□ Other:				

Please fax order to: 425-313-5401. Thank you for choosing Swedish!

GENERAL NUCLEAR MEDICINE

No preparation required:

Lung scan
 Parathyroid scan
 GI Bleed
 Bone scan
 Brain scan
 Cardiac blood pool

Nothing to eat or drink (except sips of water) for six hours before exam:

- Hepatobiliary scan · Gastric emptying · Thyroid uptake/scan
- Myocardial perfusion scan (No caffeinated food or drink for 12 hours before exam and nothing to eat or drink for six hours before exam)

PATIENT PREPARATION FOR A SUCCESSFUL PET/CT

Your PET/CT procedure will take approximately two to three hours. For this procedure a radiopharmaceutical will be administered through an IV. Scanning will vary from 20 minutes to one hour depending on your doctor's order. Please let us know at least 24 hours prior to your exam if you need to reschedule.

Dietary preparation (starting 24 hours before exam):

FOOD TO AVOID (Carbohydrates and sugars)

- · Bread, pastry, cereal, pasta or fruit (no tomatoes)
- Desserts, muffins, crackers, candy, cookies, cakes, ice cream, yogurt, jams, jellies or honey
- Soft drinks, milk, soy milk, tonic water, juices, beer or other alcoholic beverages
- Starchy vegetables (rice, potatoes, corn, lima beans, soy beans, parsnips or peas)

24 HOURS PRIOR TO YOUR PET/CT EXAM

- Diet of high fat and protein, but NO starch or sugar see dietary preparation above
- NO strenuous exercise (aerobic, weight-lifting, treadmill)
- NO common cold medications
- · Get a CD copy of recent diagnostic imaging studies (PET, CT scans, etc.) that were done at a non-Swedish facility.

12 HOURS PRIOR TO YOUR PET/CT EXAM

- DO NOT EAT ANYTHING (including food, gum, breath mints, coffee, tea or anything with calories) except water.
- All necessary medications may be taken with water (except no common cold medications). However, please let our PET/CT scheduler know before taking diabetes medication or medication containing nicotine.
- No smoking or use of nicotine products for preferably 12 hours (or at least four hours) before exam.

MORNING BEFORE YOUR PET/CT EXAM

- Unless directed otherwise, take your medications with water, EXCEPT diabetes medications.
- · Drink two or three glasses of water.
- Please arrive at your check-in time. This is important because your scan requires a time-sensitive injection that has been specifically ordered for you. If you are late, your appointment may have to be rescheduled.
- · Plan on being here approximately two to three hours.
- Wear warm, loose-fitting clothing without metal (no zippers, snaps, buttons, clasps and metal under-wire).
- You may bring a music player to listen to relaxing music during your wait period. Reading and other activities are NOT allowed.
- Family members and/or friends may accompany you to your appointment; they will be asked to leave prior to your injection.

Directions and map to Swedish Issaquah campus

Traveling from I-90:

- Take the E. Sunset Way/Highlands Drive exit Exit 18.
- If traveling east, go left at the "Y" and continue on Highlands Drive.
- If traveling west, turn right (north) onto Highlands Drive.
- At the next light, turn left (west) onto NE Discovery Drive.
- Take first left onto 8th Avenue.
- · Go straight into the main parking lot or right into underground parking.
- All patient parking is convenient and free. Medical Imaging is located

on the first floor of the Cascade (East) wing.

SWEDISH MEDICAL IMAGING

Issaquah

751 NE Blakely Drive 1st Floor, Cascade (East) Wing Issaquah, WA 98029 **T** 425-357-3920 **F** 425-313-5401

swedish.org/services/medical-imaging

We do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY:711)

注意:如果您講中文,我們可以給您提供免費中文翻譯服務,請致電 888-311-9127 (TTY:711)





YOU MAY EAT

- Meats (beef, chicken, lamb, pork, fish) and tofu, but do not use sweet sauces and no breaded meat
- Eggs prepared without milk
- Cheese, butter, mayonnaise and unsweetened peanut butter
- Non-starchy vegetables (broccoli, asparagus, spinach,
- green beans and cauliflower)

 Nuts. excluding honey roasted