

# **PET/CT Request Form and Letter of Medical Necessity**

# PET/CT Imaging

Patient Name	S	SN
DOB / Age	Gender M / F	
Phone: Home Work		Cell
Referring MD	MD Fax	MD Phone
Insurance info. (please provide a copy of ins. card)		ICD-9 Code
Comments		
Please schedule: ☐ ASAP ☐ Within 4 days ☐		
□ Copy of report to		
☐ Medical record is located		
Physician signature		Date
PET/NON DIAGNOSTIC CT  ☐ Whole body (base of skull to upper thigh) ☐ add upper extremities ☐ add lower extremities ☐ Brain ☐ PEM ☐ 4D CT (usually for radiation ß planning)  DIAGNOSTIC CT SCAN ☐ Diagnostic CT scans at radiologist discretion ☐ Head ☐ with IV Contrast ☐ Neck ☐ without IV Contrast	INDICATIONS FOR PET/C1  Diagnosis Initial staging Monitoring Therapy  Breast Cancer Cervical Cancer Colorectal Cancer Esophageal Cancer Head & Neck Cancer Lymphoma	☐ Post-therapy ☐ Restaging ☐ Radiation 强 Planning ☐ Myocardial Viability ☐ Non-Small Cell Lung Cancer ☐ Solitary Pulmonary Nodule (prior chest CT required) ☐ Thyroid Cancer (prior negative lodine 131
☐ Chest ☐ with 3D Reconstruction ☐ Abdomen ☐ Radiation B planning ☐ Pelvis ☐ Calypso ☐ F-18 PET BONE SCAN	☐ Medicare PET Registry (NO☐ Melanoma☐ Other	, , , , , , , , , , , , , , , , , , , ,
CLINICAL HISTORY	Date of most recent tree.	
Ht Wt  • Diabetes: □ Yes □ No If yes, treatment? □ oral meds □ insulin  • □ Pediatric patient: will require sedation  • Recent surgery or trauma (last 6 months): □ Yes □ No Please describe:	Radiation Therapy • Medication Allergies _ • Date/Location of last 0	CT/MRI/PET CT:
☐ Special instructions:		
<ol> <li>PATIENT PREPARATION: (Please see Patient Present Present</li></ol>	CT scan.  Igar) for 24 hours prior to PET/ no food, no gum, no breath mi nn 150 mg/dL. PET/CT schedu e all other medications normall	CT scan.  Ints, for 12 hours prior to PET/CT  Iler will provide instructions to  y.
Fax this form, copy of insurance card, radiology reports, chart notes and pathology reports to (206) 215-3651.		

#### PET/CT IMAGING AT SWEDISH CANCER INSTITUTE

James V. Rogers III, MD David R. Haseley, MD David S. W. Djang, MD Eleanor Y. L. Djang, MD

1221 Madison Street, Suite 150 Arnold Pavilion Seattle, WA 98104

(206) 215-6490

Scheduling: (206) 215-6487 (or ext. 40498 inside hospital)

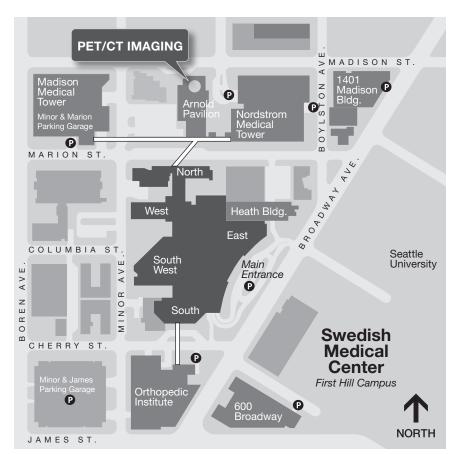
Fax: (206) 215-3651 www.swedish.org/petct

## From I-5 Heading North

- Take exit 164A (Dearborn St./James St.) toward Madison Street. Initially stay in the left lane on the exit and then follow signs toward Madison St./Convention Place.
- · Turn right onto Madison Street (first signal).
- Go up the hill on Madison Street 1½ blocks past Boren Avenue.
- Turn right into the circle drive for the Nordstrom Medical Building parking garage.
- Take the side walk from the parking garage to the Arnold Pavilion.

## From I-5 Heading South

- · Take I-5 Exit 166 (Stewart St.)
- · Continue on Stewart St.
- Turn left onto Boren Avenue; continue on Boren to Madison St.
- Turn left onto Madison St.
- Go 1 ½ blocks then turn right into the circle drive for the Nordstrom Medical Building parking garage.
- Take the side walk from the parking garage to the Arnold Pavilion.



We do not validate parking.