

| | |
|---|---|
| Name: _____ DOB: _____ Patient contact number: _____ Decision Support #: _____ Scoring 0-9: _____ Vendor: _____ | Diagnosis/Signs and Symptoms: _____ <hr/> Reason for scan (required): _____ <hr/> ICD10 codes(required): _____ Office number to report critical result: (____)_____ |
|---|---|

Patient Safety(Allergies): **Contrast Allergy:** Y N **Other Allergies:** _____

PET-CT Imaging (CPT code)

| | | | |
|---|--------------------------|---|--------------------------|
| FDG Skull to Thigh (78815) | <input type="checkbox"/> | Brain Metabolic Evaluation(FDG) (78608) | <input type="checkbox"/> |
| FDG Total Body (78816) <i>(i.e. Melanoma, Multiple Myeloma, all cutaneous malignancies)</i> | <input type="checkbox"/> | Brain β-Amyloid scan (78814 and A9586) | <input type="checkbox"/> |
| F-18 Axumin™ (78815 and A9588) <i>-prostate cancer biochemical recurrence</i> | <input type="checkbox"/> | Ga-68 Dotatate (78815 and A9587) <i>-somatostatin receptor positive neuroendocrine tumors</i> | <input type="checkbox"/> |
| F-18 Estradiol (78815 and A9591) <i>-ER positive lesion detection in patients with recurrent and metastatic breast cancer</i> | <input type="checkbox"/> | Other PET scan: | |

Nuclear Medicine Imaging

| Skeletal Imaging | <input checked="" type="checkbox"/> | Pulmonary Imaging | <input checked="" type="checkbox"/> |
|---|-------------------------------------|---|-------------------------------------|
| Bone Scan Whole Body | | Lung Ventilation Perfusion Scan (VQ for PE, CTEPH, Chronic PE) | |
| Bone Scan 3 phase | | Quantitative Lung Perfusion (Pre-op assessment) | |
| Bone scan SPECT-CT | | Genitourinary System | |
| Bone scan Limited (Condylar hyperplasia) | | Renal scan without pharmacologic intervention (MAG3 renal scan) | |
| Bone Marrow Scan | | Renal scan GFR (DTPA renal scan) | |
| Central Nervous System | | Renal scan with diuresis (Lasix® renogram) | |
| Brain SPECT(CBF) | | DMSA Renal Scan | |
| Cisternogram (CSF Leak) | | DMSA Renal Scan with SPECT imaging | |
| Cisternogram (Hydrocephalous) | | Endocrine System | |
| DaTscan™(Parkinsonian syndromes) | | Thyroid uptake and scan | |
| Gastrointestinal System | | Parathyroid scan SPECT | |
| Gastric Emptying | | Parathyroid SPECT-CT | |
| Esophageal Motility | | Lymphatic System | |
| Parotid Scan | | Lymphoscintigram | |
| HIDA scan(acute cholecystitis, biliary atresia, leak | | Lymphoscintigram with SPECT-CT (head neck nevus) | |
| HIDA scan with CCK (timed HIDA scan, chronic) | | Tumor Imaging | |
| Hepatic Hemangioma | | MIBG Scan with SPECT-CT Imaging | |
| Liver Spleen Scan | | Octreoscan with SPECT-CT Imaging | |
| Accessory Spleen (Liver Spleen Scan) | | | |
| Meckels Diverticulum | | Other exam request: | |
| Infection Imaging | | | |
| Infection tagged WBC (check): _____ | <input checked="" type="checkbox"/> | | |
| • Podiatry (dual isotope study, tagged WBC and bone marrow imaging) | | | |
| • Unknown source (Whole body) | | | |
| • Infected prosthesis(Limited area) | | | |

Time _____ Date _____ Provider Signature _____

Provider Printed Name _____

