

Diagnostic Imaging: 802-747-1755

Central Scheduling: 802-747-1880

Utilization: 802-747-6291

PATIENT INFORMATION: (Note: 48 hours required for appointment cancellations, 747-1880)

Patient Name: _____ Medical Record Number: _____
 Best Daytime Phone: _____ Male Female DOB: _____
 Insurance Co: _____ Policy #: _____ Insur Auth #: _____

Requesting Physician: _____
 Physician's Phone Number: _____ Physician Signature: _____
 Physician's Fax Number: _____ Order Date: _____ Time: _____

Indication for the study. Please give a description of the disease and the reason for this test. Include details (e.g., if breast ca, which breast?) and history of prior surgery for this disease. _____

Has this patient had a prior PET scan? Yes No If yes, which facility? _____

Specifically related to this disease process, has this patient had:

A prior x-ray? Yes No What facility? _____ Date: _____
 A prior CT? Yes No What facility? _____ Date: _____
 A prior MRI? Yes No What facility? _____ Date: _____

Is patient diabetic? Y/N Insulin dependent? Y/N Possibility of pregnancy? Y/N Breastfeeding? Y/N
 Does patient have allergies? (e.g. latex, meds) Yes No If yes, _____
 Is there a problem with claustrophobia? Yes No If yes, what med was prescribed? _____
 What medications is patient taking? _____

Pt's height: _____ inches Pt's weight: _____ lbs

PET/CT SCAN, CPT Code 78815: BASE OF SKULL TO MID-THIGH

Check one **Diagnosis, Initial Staging (PI)** **Treatment Monitoring, Restaging, Suspected Recurrence (PS)**

CIRCLE TYPE OF CANCER	LUNG, NON-SMALL CELL LUNG, SMALL CELL PLEURA SOLITARY PULMONARY NODULE KAPOSII'S SARCOMA LIVER/BILE DUCTS GALLBLADDER/BILE DUCTS BLADDER KIDNEY/OTHER URINARY	BREAST** CERVIX ** OVARY PLACENTA UTERUS OTHER FEM GENITALIA PROSTATE** MALE GENITALIA	LEUKEMIA LYMPHOMA MYELOMA SKIN, NON-MELANOMA BONE/CARTILAGE CONNECTIVE/OTHER SOFT TISSUE NASAL CAVITY/EAR/SINUSES EYE	NEUROENDOCRINE TUMOR OTHER NERVOUS SYSTEM PANCREAS THYROID OTHER ENDOCRINE GLANDS RETROPERITONEUM/PERITONEUM THYMUS/HEART/MEDIASTINUM METASTATIC/UNKN PRIMARY ORIGIN OTHER/NOT LISTED _____
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** Medicare has coverage limitations for these diagnoses. Call RRCM Utilization Dept for details, 802-747-6220.

PET/CT SCAN, CPT Code 78816: WHOLE BODY (typically just for Melanoma)

NOTE: **For cancers other than Melanoma, provide documentation; clinical circumstances must support 78816 vs 78815.**

Check one **Diagnosis, Initial Staging (PI)** **Treatment Monitoring, Restaging, Suspected Recurrence (PS)**

PET/CT SCAN, CPT Code 78608: BRAIN

Check one **Diagnosis, Initial Staging (PI)** **Treatment Monitoring, Restaging, Suspected Recurrence (PS)**

FOR RRCM USE:	<input type="checkbox"/> NOPR PI 78815	<input type="checkbox"/> NOPR PS 78815	<input type="checkbox"/> NOPR PI 78816	<input type="checkbox"/> NOPR PS 78816
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FOR CENTRAL SCHEDULING USE:	Scheduled by _____ Conf # _____	APPOINTMENT DATE/TIME: _____
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