

GOZELLIX PET/CT ORDER FORM

Subsequent treatment strategy prostate cancer

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 #: _____ Ins Auth #: _____

Indication for the study. Please give a description of the disease and the reason for this test.
Include diagnoses and history of prior surgery/treatment for this disease.

PLEASE NOTE: This is **NOT** a covered service for INITIAL treatment of Prostate Cancer.

Code	Description	Code	Description
C61	Malignant neoplasm of prostate	Z85.46	Personal history malignant neoplasm prostate
C79.82	Secondary malignant neoplasm genitals organs	R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z19.1	Hormone sensitive malignancy (supplemental dx code only)		
Z19.2	Hormone resistant malignancy (supplemental dx code only)		Other

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 weight: _____ lbs

PET/CT SCAN, CPT Code 78815: PET CT Prostate Skull Base to Md Thigh Gozellix PS

Treatment Monitoring, Restaging, Suspected Recurrence (PS)

Requesting Physician: _____

Physician Signature: _____

Physician's Phone Number: _____

Physician's Fax Number: _____

Order Date: _____ Time: _____

FOR CENTRAL SCHEDULING USE:

SCHEDULED BY: _____ APPOINTMENT DATE/TIME: _____

Form #5521 Rev. 11/25, 1/26



Central Scheduling
802.747.1880
FAX 802.776.3301

Patient Label