# PET/CT SCAN REFERRAL FORM

Patient Name (first, MI, last)				D.O.B		
Patient Phone	Interpreter needed (la	nguage)				
Primary Insurance					(Copy and fax front and back of card)	
Secondary Insurance				(Copy and fax front and back of card)		
Required Documentation Insurance coverage for PET scans is lim Patient Demographics/Face She Copy of insurance cards, both sie H & P or chart notes supporting Reports from previous imaging so Recent labs and pathology (if avo	et des medical necessity tudies	ed by the p	oatient's insu	irance (	carrier. Please assist us by providing the following:	
Gender:	Height (inches)	Weight (	(lbs)		_	
Diabetic? ☐ No ☐ Yes	If yes, how is diabetes controlled?	☐ Diet	☐ Oral N	1eds	☐ Insulin	
Claustrophobic?	Incontinence or urinary retention?	☐ No	☐ Yes			
Pregnant, breast feeding, postpartum?	☐ No ☐ Yes - explain					
PET/CT Exam  ☐ Whole Body  Skull base to mid-thigh, CPT code 78815 diagnosis and medical history)	wered?OR Whole Body, CPT code 78816 (determininitial treatment □ subsequent treat	ation based		Diag Contr He Ne Ch Ab	eck nest odomen	
Referring Provider Phone Nu			Phone Numl	ber		
Fax Number		Office	Contact		_	
PCP Name						
Who should receive this report?						
Referring Provider Signature Required for exam	<b></b>					



**Scheduling Phone:** (253) 761-4200 Toll-Free: (866) 761-4200

**Scheduling Fax:** (253) 761-4201 Toll-Free: (866) 761-4200

2502 South Union Ave. Tacoma, WA 98405 www.tra-minw.com



### **Appointment**

Date:	Check-in:	
Date		

If you have questions about your appointment and/or prep instructions, please call a Prior Authorization Specialist at (253) 761-4200, extension 6+7603, or toll-free at (866) 761-4200, extention 6+7603.

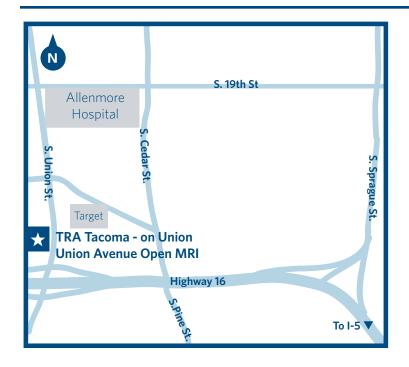
# **PET/CT Patient Prep Instructions**

\*Please be advised that prep instructions may vary for appointment check-in times after 2pm

- NOTHING TO EAT OR DRINK (EXCEPT WATER) AFTER MIDNIGHT
- You are encouraged to drink water before your exam, but only plain water (i.e., non-carbonated, no flavor or additives, etc.). Anything else may adversely effect exam quality.
- All necessary medications, except diabetes medications, steroids and multi-vitamins, may be taken with plain water.
- If you are diabetic, DO NOT take your morning diabetes medicine. If you need insulin in the morning, call a TRA Prior Authorization Specialist at least <u>two days</u> before your exam and we will arrange the best schedule for you.
- No coffee, gum, breathmints, cough drops or cough syrup the day of your exam.
- No strenuous exercise before your exam.
- The PET/CT scanner room is air-conditioned; please wear long sleeves. Sweat suits work well.
- No metal such as zippers, metal buttons, etc. You can change into a gown if needed.
- Please bring a list of all medications you currently take.

The PET Scan is a time sensitive procedure. It is important you are on-time to your check-in. If you must cancel or reschedule please notify us <u>24 hours</u> in advance so we can cancel the radioactive compound which has been ordered specifically for your exam.

Please note: the entire visit (check-in to exit) takes from 2 to 2 1/2 hours.



#### **Directions to clinic**

TRA Tacoma - on Union 2502 S. Union Avenue Tacoma, WA 98405

## From North or South I-5

- Take Exit 132 and merge onto Hwy 16 W
- Take the Union Ave exit
- Turn right onto Union Ave
- Turn left into our driveway (≈ 0.13 miles) and an immediate left into our parking lot

## **Additional Details:**

We are located across the street from the Target shopping center and share a driveway with the 2420 medical building.