

RADIOLOGY REFERRAL FORM - PET/CT SCAN



APPOINTMENT

Date: _____ Check-in time: _____

PATIENT INFORMATION

Patient Name (first, MI, last): _____ D.O.B.: _____

Phone: _____ Interpreter Needed (language): _____

Height (inches): _____ Weight (pounds): _____

Diabetic: ☐ No ☐ Yes If yes, how is diabetes controlled: ☐ Diet ☐ Medications ☐ Insulin

Claustrophobic: ☐ No ☐ Yes Incontinence or urinary retention: ☐ No ☐ Yes

Pregnant, breast feeding, or postpartum: ☐ No ☐ Yes If yes, explain: _____

Insurance (copy and fax front and back of card): _____

Referring Provider: _____ Office Contact: _____

Phone Number: _____ Fax Number: _____

REQUIRED DOCUMENTATION

Insurance coverage for PET scans is limited and must typically be pre-authorized by the patient's insurance carrier. Please provide the following:

- ☐ Patient demographics/fact sheet.
- ☐ Copy of insurance cards, both sides.
- ☐ H & P or chart notes supporting medical necessity.
- ☐ Reports from previous imaging studies.
- ☐ Recent labs and pathology (if available).

CLINICAL HISTORY/SIGNS AND SYMPTOMS

Medicare and other insurers require coding of specific/definitive diagnosis(es), sign(s), and/or symptom(s) to reflect the "medical necessity" for each test. "Rule out," "possible," or "probable" conditions cannot be coded. For Medicare policy information, visit noridian.com/medweb.

Diagnosis/reason for exam: _____ ICD-10 Code(s): _____

What is the clinical question to be answered? _____

PET/CT EXAM

- ☐ Whole Body
Skull base to mid-thigh: CPT code 78815 -or-
Whole body: CPT code 78816
- ☐ Netspot (Dotatate): for neuroendocrine tumors
- ☐ Cerianna (Fluoroestradiol F18): for ER+ breast cancer
- ☐ PSMA: for prostate cancer
- ☐ FDG (Fluorodeoxyglucose) Brain: CPT Code 78608
- ☐ Beta Amyloid Brain: CPT Code 78814
- ☐ Other: _____

DIAGNOSTIC CT*

Contrast at radiologist discretion ☐ No contrast

- ☐ Head
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Abdomen and Pelvis
- ☐ Other: _____

**Please note that a non-diagnostic, non-contrast CT scan is performed as part of every oncology PET/CT scan. Choose a Diagnostic CT only if a CT with diagnostic quality is desired.*

THERANOSTICS

- ☐ Pluvicto (Lutetium Lu-177) ☐ Xofigo (Radium Ra-223) ☐ Radioactive Iodine (Iodine-131)

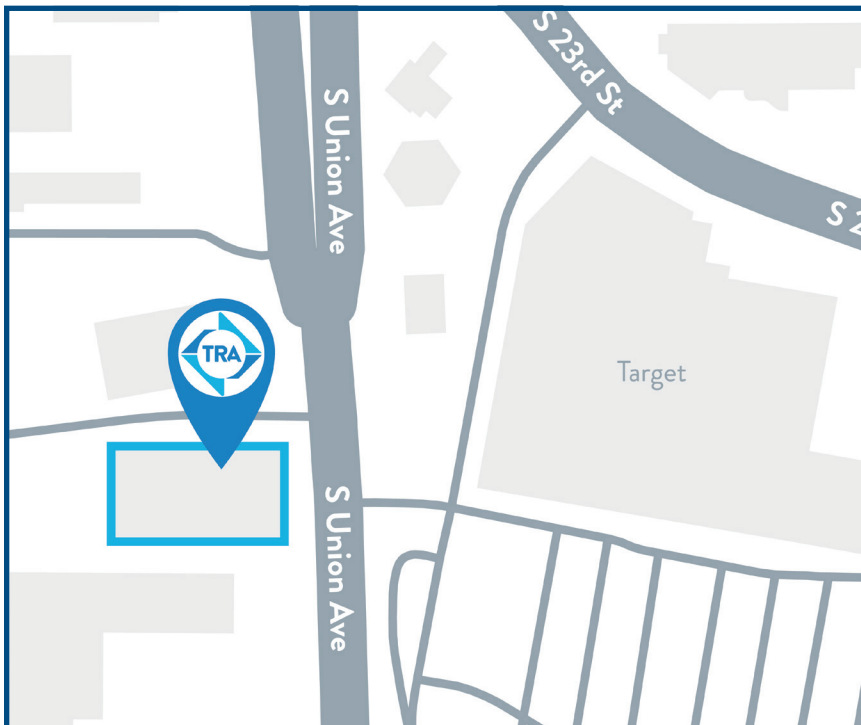
Referring Provider Signature (required for exam) _____

PET/CT SCAN PREPARATIONS

If you have questions about your appointment and/or prep instructions, please call (253)-680-3400.

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 **24 hours** 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 2.5 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.