



Outpatient Order for PET Exam

TO SCHEDULE PET EXAMS, CALL THE PET CENTER PH#: 404-778-XRAY (8-9729) FAX#: 404-712-0296

Patient Information:
Name *(Last, First MI.):* _____ **DOB:** _____
The staff must be informed if the Patient is Claustrophobic. Yes No
 Male Female **Pregnant:** Yes No **Diabetic:** Yes No **Weight:** _____
Ordering Physician _____ **UPIN#** _____
Phone # _____ **Fax#** _____
 Referral required for Radiology services? Yes No Referral Number _____
If pre-certification is required for a non-emergent exam, managed care plans require that the exam be scheduled at least 4 days in advance.

Exam & Clinical Information: PET-CT is routine for body cases and at special request
Exam Requested: check one Body PET Brain PET Other
 Requested Exam Date: _____ **Confirmed Exam Date** _____
Diagnosis/ICD-9 Code(s): _____
Clinical Indications and Relevant Symptoms: *check one each in History and Indication*
History:
 lung nodule lung Cancer colorectal cancer melanoma lymphoma esophageal
 head&neck (not thyroid or CNS) breast cancer thyroid cancer seizure dementia
 other: _____
Indication:
 Diagnosis (includes avoiding or directing biopsy)
 Initial Staging
 Restaging and/or response
 Other: _____ Enclosures Faxed: Labs Radiology Reports Other _____
MEDICARE:
 Signed Medicare ABN attached *(Required if medical necessity does not meet Medicare criteria)*

Referring Physician address: _____
City _____ **State** _____ **Zip** _____

Physician's Signature: _____ **Date** _____
(Original signature required for HCFA Compliance)

Patient's Home Ph# _____ **Patient's Work Ph#** _____
SS# _____ **Address:** _____
Insurance Carrier _____ **Ph#** _____ **ID#** _____
Policy Type: HMO PPO POS Indemnity Medicaid GBHC Medicare
 Workers Comp. Dental Other _____
* Please provide a copy of the front and back of Insurance Card.

Form Completed by: _____ Phone: _____ Fax: _____
**** Please fax form back to Radiology/PET**** **DATE FAXED** _____

Download Order Form at Intranet: http://www.eushc.org/departments/ehcradiology/Nuclear_Medicine/index.html
 or Internet: <http://www.emoryhealthcare.org/departments/Radiology/services/PET.html#forms>