

**EMORY HEALTHCARE**

EMORY DEPARTMENT OF RADIOLOGY  
POSITRON EMISSION TOMOGRAPHY

*Outpatient Scheduling Form*

**To schedule FAX completed form to: (404) 778-5382, Voice contact: 404-778-4765 or 404-712-4453**  
*Required information is indicated in BOLD, this request will be returned unscheduled, if incomplete.*

<b>Patient Name</b> (Last Name, First Name, MI): _____ Medical Record Number: _____ <b>Date of Birth:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Weight:</b> _____ <b>Insurance Plan/FSC:</b> _____ <b>Member Insurance #:</b> _____	Required information needed to schedule: <b>Referring MD:</b> _____ <b>NPI #:</b> _____ <b>PIC:</b> _____ <b>Fax:</b> _____ <b>Office Phone:</b> _____ Office contact: _____ <b>Patient's Phone (H/W/Cell):</b> _____ _____ <b>Radiology to call patient to schedule exam?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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▶ **ICD-9 Codes:** \_\_\_\_\_

▶ **Diagnosis/Indications:** \_\_\_\_\_

Prior FDG PET/CT exam:  Yes  No      Other Prior Imaging Studies (check all that apply):  CT  MRI  US  None

**Pregnant:**  Yes  No  N/A      **Diabetic / Renal Disease**  Yes  No      **Claustrophobic?**  Yes  No

*Results needed for next appointment?*  Yes  No      **Requested Exam Date:** \_\_\_\_\_

**Next Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

<p><b>PET</b> (PET/CT is routinely used for Tumor Imaging of the body. This exam includes a non-contrast CT scan.)</p> <input type="checkbox"/> Brain PET <input type="checkbox"/> Seizure <input type="checkbox"/> Tumor <input type="checkbox"/> Dementia <input type="checkbox"/> Other: _____	Include Diagnostic CT with IV contrast <input type="checkbox"/> Neck CT with IV contrast <input type="checkbox"/> Chest CT with IV contrast <input type="checkbox"/> Abdomen CT with portal phase IV contrast <input type="checkbox"/> Pelvis CT with portal phase IV contrast  Indication for diagnostic CT Scan(s): _____
<input type="checkbox"/> Body PET (Tumor) Please identify primary cancer: <input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Esophageal <input type="checkbox"/> Head & Neck <input type="checkbox"/> Lung Nodule <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> CTCL <input type="checkbox"/> NHL <input type="checkbox"/> Melanoma <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Ovarian <input type="checkbox"/> Other: _____	Additional clinical history and symptoms:          
Indication for PET Tumor Scan: <input type="checkbox"/> Diagnosis (includes avoiding or directing biopsy) <input type="checkbox"/> Initial treatment strategy <input type="checkbox"/> Subsequent treatment strategy <input type="checkbox"/> Other: _____	

**Physician Signature** \_\_\_\_\_ (MD, DO, NP, PA)      **Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_

**Scheduled Date:** \_\_\_\_\_ **Scheduled time:** \_\_\_\_\_ AM / PM      **Location:** \_\_\_\_\_

# Emory Positron Emission Tomography/Computed Tomography (PET/CT)

## Patient Preparation Instructions

**Pre-Registration:** Patients need to pre-register for imaging exams and procedures. Please call the appropriate Fast-Track Admissions number below prior to your appointment date:

**Emory University Hospital (EUH): 404-686-5270 or 1-800-640-9293**

- Hours of Operation: Monday - Friday 8:30 a.m. to 7 p.m. Closed weekends and holidays.

**Emory University Hospital Midtown (EUHM): 404-351-3800**

- Hours of Operation: Monday - Friday 9 a.m. to 8:30 p.m. Closed weekends and holidays.

- If you are PREGNANT or there is a possibility of you being pregnant you should not have these exams.
- Children are NOT allowed in the Nuclear Medicine department.
- These are preparation instructions for adult patients (16+).
- For pediatric patients under the age of 16, please call Children's Healthcare of Atlanta at 404-785-6078 or after hours at 404-785-6117.

### Whole body & Brain PET/CT:

- You should drink only water for at least 6 hours prior to your study and you should not have anything to eat during this time.
- Refrain from any strenuous activity for 24 hours prior to this procedure.
- Medications that do not contain sugar may be taken with water. You should NOT take hypoglycemic medications or insulin for at least six hours prior to your test. Ask your pharmacist or prescribing physician if you are unsure if your medication contains sugar. Insulin pumps may be turned off 6 hours prior to your appointment.
- Do not take cough drops or cough suppressants or chew gum on the day of the exam. Ask your pharmacist or prescribing physician if you are unsure if your medication contains sugar.
- Please dress warmly.
- We will call you one to two days before your procedure to provide specific instructions.
- Please allow 3 hours for this visit.
- To reschedule or confirm an appointment time please call 404-778-4765. For questions about your procedure please call 404-712-4453.

**Please talk with your doctor before stopping any medications.**

For maps and directions to Emory Radiology sites, please call 404-778-7777 or visit us online at [www.emoryhealthcare.org/radiology](http://www.emoryhealthcare.org/radiology).