

Tri-City PETCT at Vista

Your Partner in Quality Diagnostic Imaging

Scheduling: 902 Sycamore Avenue Suite 120
 Phone: 760-599-9940 Vista, CA 92081
 Fax: 760-599-0885 TRICITYPETCT.COM

Appointment	
Date: _____	Time: _____

PET/CT and CT Order Form

Please fill out completely.

Date: _____
 Referring Physician: _____ UPIN#/NPI#: _____
 Physician's Signature: _____
 Contact Person: _____
 Phone: _____ Fax: _____

Patient Information:

Last Name: _____ First Name: _____
 DOB: _____ Ht: _____ Wt: _____
 Home Phone: _____ Alt Phone: _____
 Insurance Company: _____ Authorization #: _____
 Diagnosis: _____ ICD-9 Code: _____
 Diabetic: Yes No Radiation Treatment Planning: Yes No
 Allergies: Yes No If Yes, list _____

Reason for Study:

- Diagnosis
- Staging
- Restaging
- Monitoring Response to Treatment

PET/CT Scan:

- Skull to Thigh 78815
- Whole Body 78816 (melanoma, sarcoma, etc.)
- Brain Imaging 78608
- Cardiac Viability 78459

If Medicare choose one of the following uses of PET/CT:	
Initial Treatment	
<input type="checkbox"/> Stage unknown from MR, CT or Ultrasound and course of treatment will differ depending on results of PET/CT	<input type="checkbox"/> Patient not amenable to invasive diagnostic procedure
OR	OR
<input type="checkbox"/> Conventional imaging not sufficient for clinical management and course of treatment will differ depending on results of PET/CT	<input type="checkbox"/> Determining optimal anatomical location to perform invasive diagnostic procedure
Subsequent Treatment	
Patient STATUS POST TREATMENT AND:	
<input type="checkbox"/> Suspect recurrence	OR <input type="checkbox"/> Patient has known recurrence
<input type="checkbox"/> Checking for residual disease	OR <input type="checkbox"/> PET/CT replaces other imaging when it is expected that conventional study is insufficient for clinical management
OR	
<input type="checkbox"/> Other _____	

Non-Contrast Brain Abdomen Sinus Abdomen & Pelvis Chest Pelvis Head & Neck Spine
 CT Scan: Other _____ CPT _____

Notes: _____

**Retain a copy of this form in the patient's medical record.
 Please fax front and back of insurance card.
 Please fax all reports and notes pertinent to the diagnosis.**

Thank you for your referral.

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PET/CT Exam Patient Preparation

Positron Emission Tomography is a nuclear medicine procedure that generates pictures of the function and metabolism of your body. Computerized Tomography (CT) produces a detailed view of the anatomy or structure of your body. A PET/CT scan provides a picture of function (PET), a picture of anatomy (CT) and a merged or "fused" picture of both the body's function and structure.

Preparation:

Please do not eat or drink anything, except water, for six (6) hours prior to your scheduled appointment unless otherwise instructed; however, take all prescribed medications unless specifically instructed not to do so. Avoid all caffeine for 24 hours prior.

Please avoid strenuous physical activity twenty-four (24) hours in advance, and undertake only minimal physical activity on the day of your appointment.

Please wear comfortable clothes, arrive on time and leave all valuables at home. Most appointments last at least two to three (2-3) hours. The type of study will determine the exact length of the study.

The Study:

You will be injected with a radiopharmaceutical made up of glucose and a short lived radioisotope.

You will rest quietly for 45-60 minutes while the radiopharmaceutical travels throughout your body. The minimal radiation associated with the radioisotope is safe and much lower than that associated with CT scanning. You will not feel warmth, pain or discomfort.

You will lie on a scanner table for approximately 30-45 minutes. The table will slowly pass through a body scanner that looks like a CT scanner. The scanner detects and records signals emitted by the tracer. A computer processes these signals into images.

After the Study:

You should feel fine, as there are no known side effects from the injected tracer. The processed images will be reviewed by a radiologist. The results are not immediately available. Please call only your physician for the results of the study.

The following items may exclude you from having a PET/CT study. Please call scheduling if any apply:

- Weight over 350 pounds
- Radiation therapy in the last 2-3 weeks unless outside the area of interest
- Uncontrolled diabetes or elevated blood sugar level
- Pregnancy
- Chemotherapy within 2-3 weeks

*Please bring any previous X-rays, CT, MR or any other test results with you on the day of your study.
Bring your I.D. cards or insurance forms*

An appointment time has been especially reserved for you. Please arrive 30 minutes prior to your study to allow for registration, consultation, glucose reading and radioisotope injection. Note: The radioisotope is created specially for you and is therefore very expensive. Should you miss your appointment time without giving 48-hour advance notice, you will be billed for the missed study.

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Vista, CA 92081
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To Schedule Exam Call:
760-599-9940

Directions to Imaging Center:

Coming from the West

CA-78 E toward Escondido
Take Sycamore Ave Exit; Turn Right
.8 miles to Green Oak Rd;
Make a U-Turn
Destination will be on the right

Coming from the East

CA-78 W toward Oceanside
Take Sycamore Ave Exit; Turn Left
.8 miles to Green Oak Rd;
Make a U-Turn
Destination will be on the right

