SANFORD HEALTH

The following form must be completely filled out and faxed to (701) 234-6072 before a patient will be given a scan date and time. If you have any questions please call (701) 234-7100.

Referring Physician PET/CT - Ordering Form

Patient Information:

Patient Name:_____ Date of Birth:_____/_____/_____

Home Phone#:_____ Work Phone #:_____ Cell Phone #:_____

Referring Physician:_____ Phone #:_____ Fax #:_____

Contact Person:_____ Phone#:_____

Patient Insurance / Pre-Authorization :

Name of Insurance Comp: _____

Pre-Authorization Needed: **Yes**_____ **No**_____ If Yes, pre-Authorization # is:_____

Contact Name: _____

If No Pre-Autherization Required, Why? _____

Contact Name: _____

Whole Body Pet Medicare Approved Indications				Whole Body PET Medicare Approved Indications (cont.)			
Lung Cancer (non-small cell)	***Diagnosis***	***GO210***		Single Pulmonary Nodule	Characterization	GO125	
Lung Cancer (non-small cell)	***Initial Staging***	***GO211***		***Lymphoma***	***Diagnosis***	***GO220***	
Lung Cancer (non-small cell)	***Restaging***	***GO212***		***Lymphoma***	***Initial Staging***	***GO221***	
Breast Cancer	Staging/Restaging	GO253		***Lymphoma***	***Restaging***	***GO222***	
Breast Cancer	Response to Treatment	GO254		Head and Neck Cancer	Diagnosis	GO223	
Colorectal Cancer	***Diagnosis***	***GO213***		Head and Neck Cancer	Initial Staging	GO224	
Colorectal Cancer	***Initial Staging***	***GO214***		Head and Neck Cancer	Restaging	GO225	
Colorectal Cancer	***Restaging***	***GO215***		***Esophageal Cancer***	***Diagnosis***	***GO226***	
Melanoma	Diagnosis	GO216		***Esophageal Cancer***	***Initial Staging***	***GO227***	
Melanoma	Initial Staging	GO217		***Esophageal Cancer***	***Restaging***	***GO228***	
Melanoma	Restaging	GO218		Thyroid Cancer	Restaging	GO296	
Other Medicare Approved Indications				**Non Medicare PET Services**			
Refractory Seizures	Pre-surgical evaluation	GO229		***PET Tumor Imaging Metabolic***		***78810***	
Myocardial Viability	***Following inconclusive SPECT***	***GO230***		PET Myocardial Imaging Metabolic		78459	
Myocardial Viability	Primary or initial diagnostic study prior to revascularization	78459		***PET Brain Imaging Metabolic 78608***			

Patient History:

Pt Height:_____ **Pt Weight:**_____ **Patient Pregnant or Breast Feeding: Yes No**

Patient Diabetic: Yes / No If Yes, how is diabetes controlled?

Diet:_____ Insulin:_____ Oral Medication:_____

Patient Claustrophobic: Yes / No

Biopsies: If so, date and location of biopsy, result
Yes No

Surgery: If so, date and location of surgery
Yes No

Radiation Therapy: If so, date of last treatment
Yes No

Chemotherapy: If so, date of last treatment
Yes No

Any Recent Illnesses:
Yes No

Any Recent Trauma:
Yes No

Any Previous CT, MRI, or PET Scans:

Yes No CT Date / Location: _____

Yes No MRI Date / Location _____

Yes No PET Date / Location: _____

Supporting Documentation Faxed: **Yes / No**

- ***Sanford Health order form***
- ***CT, MRI, Biopsy Reports***
- ***History and Physical (or most recent clinical notes or dictation)***