

**PET/CT  
Outpatient Diagnostic CT  
3 Tesla MRI**

NAME:  
MRN #:  
BIRTHDATE:  
PCP:

<b>Step 1</b>	<b>AREA TO BE EXAMINED / TYPE OF EXAMINATION:</b> A PET/CT is a PET scan which also acquires a low dose CT for attenuation correction and for localization of lesions detected by PET. A Diagnostic CT is a separate study from a PET/CT and is performed on our 16-slice CT and is reported separately. <b>SEE BACK FOR FAQs</b>		TODAY'S DATE:	SEND PHYSICIAN'S PERSONAL COPY TO:	
	<input type="checkbox"/> <b>Diagnostic CT without a PET</b> (i.e. a routine CT) <input type="checkbox"/> <b>PET/CT</b> (PET scan plus low dose CT for lesion localization) <input type="checkbox"/> <b>PET/CT AND a Diagnostic CT</b> (PET/CT scan plus a diagnostic CT) <input type="checkbox"/> <b>3 Tesla MRI</b>		<b>ICD-9 CODES</b>	NAME: _____ M.D.	
				FIRST _____ LAST _____	ADDRESS _____
				STREET _____ CITY _____ ZIP _____	<b>PHYSICIAN'S SIGNATURE</b> _____
			(OPTIONAL) CALL REPORT TO: _____ Telephone Number _____		

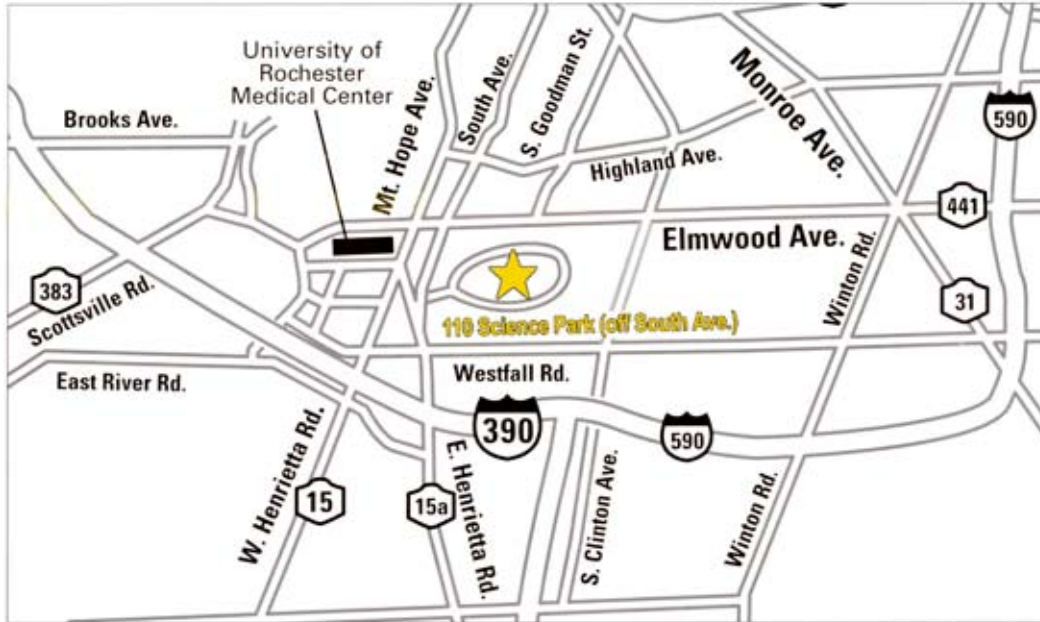
<b>Step 2</b>	<b>TYPE OF DIAGNOSTIC CT or MR (check one or more)</b>		<b>FILL OUT FOR PET/CT Exam</b> <b>Note: Medicare covers all tumor types (See FAQs on reverse)</b>		
	<input type="checkbox"/> Head (Brain) <ul style="list-style-type: none"> <li><input type="checkbox"/> MR Spectroscopy</li> <li><input type="checkbox"/> MR Angiography / MRV</li> <li><input type="checkbox"/> Functional MRI (fMRI)</li> </ul>		<input type="checkbox"/> Solitary Pulmonary Nodule Lesion characterization <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Colorectal Cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> Melanoma (but not for evaluation of regional nodes) <input type="checkbox"/> Head and Neck Cancer (excludes central nervous system or thyroid cancers) <input type="checkbox"/> Esophageal Cancer <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Thyroid Cancer <input type="checkbox"/> Refractory Seizures <input type="checkbox"/> Mild cognitive impairment, suspected Alzheimer's <input type="checkbox"/> Cardiac PET/CT - Myocardial viability <input type="checkbox"/> Cardiac PET/CT - Stress / rest perfusion <input type="checkbox"/> Other, please specify: _____		
	<input type="checkbox"/> Face / Sinus <input type="checkbox"/> Neck <input type="checkbox"/> Neck + Neck MRA				
	<input type="checkbox"/> Chest <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> C-spine <input type="checkbox"/> T-spine <input type="checkbox"/> L-spine <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> Other Orthopedic (of what site?) <input type="checkbox"/> CT or MR Angiogram of what vessel? <input type="checkbox"/> Other				
			<input type="checkbox"/> Approval Information: _____		

<b>Step 3</b>	<b>DIAGNOSIS OR CLINICAL SUSPICION</b> <b>REQUIRED</b> Rule out diagnosis not acceptable
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<b>Step 4</b>	<b>HISTORY / CLINICAL INFORMATION</b> <b>REQUIRED</b>
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<b>Step 5</b>	LAB RESULTS	BUN	Creatinine:	eGFR:	Date of Labs:
	OR LABS PENDING AT: <input type="checkbox"/> Strong <input type="checkbox"/> VIA <input type="checkbox"/> ACM				
	CAUTIONS / RISKS / CONTRAST ALLERGY / POTENTIAL PREGNANCY				
	Is the patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of insulin: Injected _____ Oral agent _____				

## University Imaging at Science Park



Visit our web page at: <http://www.urmc.rochester.edu/PETCT>

### **PET/CT FAQ**

**Gross urinary incontinence** is a contraindication to PET/CT.

**Diabetic patients** need special pre-procedure preparation for PET/CT.

PET typically scans brainstem to mid-thigh, excluding brain.

In cases of melanoma and neuroblastoma, scan will include from top of head to bottom of feet (brain included).

**Medicare** covers PET/CT of malignancies for diagnosis, staging, therapy monitoring and restaging. Medicare also covers paraneoplastic syndromes and unknown primaries. Medicare excludes PET/CT for breast cancer diagnosis, breast cancer for axillary node involvement, and melanoma for local node involvement. See <http://www.cancerpetregistry.org>

### **CT FAQ**

“**Neck CT**” covers soft tissues from first cervical vertebra to thoracic inlet.

“**Chest CT**” includes lungs, pleural space, mediastinum and heart.

“**Abdominal CT**” scans from the dome of the liver to the iliac crests so as to image the liver, pancreas, spleen, adrenal glands, biliary tree, and kidneys.

“**Pelvic CT**” scans from the iliac crests to the ischia to image the bladder, prostate, rectum and gynecologic organs.

Order a “**Abdomen and Pelvis CT**” to cover entire bowel, retroperitoneum, peritoneal space or both abdominal and pelvic organs.

**PET/CT and Diagnostic CT can generally be performed at the same visit.**