

UNIVERSITY IMAGING  
at SCIENCE PARK

NAME: \_\_\_\_\_  
MRN #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
PHYSICIAN: \_\_\_\_\_  
**TODAY'S DATE:** \_\_\_\_\_

**TYPE OF EXAMINATION (SEE BACK FOR FAQs)**

- PET/CT (PET scan plus low dose CT for lesion localization)  
 PET/CT and a Diagnostic CT (please specify areas of Diagnostic CT in box below)  
 Diagnostic CT (please specify areas of Diagnostic CT in box below)

**3 Tesla MR Examinations:**

- MR without contrast       MR with & without contrast  
 MRA/MRV       MRS (Spectroscopy)       fMRI

**PARTS OF BODY/ORGANS TO BE EXAMINED**

**CLINICAL INDICATION (HISTORY/DIAGNOSIS/SIGNS AND SYMPTOMS/ICD-9)**  
Rule out diagnosis not acceptable

**APPOINTMENT DATE PREFERENCE**

- STAT - Call UISP at (585) 785-5000  
 Next available  
 So report is ready before appointment date: \_\_\_\_\_  
 Other: \_\_\_\_\_

**SCHEDULING PREFERENCE**

- Patient is waiting - FAX requisition to (585) 756-2474 and call UISP at (585) 785-5000  
 UISP call referring office at \_\_\_\_\_ with time  
(Referring Office phone number)  
and referring office will call patient  
 UISP call patient directly \_\_\_\_\_ to schedule  
(Patient's phone number)

**OPTIONAL SERVICES**

- Call Report to: \_\_\_\_\_  
(Telephone Number)  
 Fax Report to: \_\_\_\_\_  
(Fax Number)  
 Send CD to referring office  
 Send CD with patient  
 Other: \_\_\_\_\_

**INSURANCE AUTHORIZATIONS**

**UISP National Provider Identifier - NPI 1821030362**

**Pre-Authorizations if applicable**

STUDY	Pre-Authorization #

**ORDERING PHYSICIAN**

NAME: \_\_\_\_\_ M.D.  
FIRST LAST  
ADDRESS: \_\_\_\_\_  
STREET CITY ZIP  
Telephone #: \_\_\_\_\_  
FAX #: \_\_\_\_\_

LAB RESULTS	BUN	Creatinine:	eGFR:	Date of Labs:
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OR LABS PENDING AT:  Strong     VIA     ACM

CAUTIONS / RISKS / CONTRAST ALLERGY / POTENTIAL PREGNANCY / NEEDS SEDATION

Is the patient diabetic?  Yes  No Type of insulin: Injected \_\_\_\_\_ Oral agent \_\_\_\_\_

**Mailing Address: University Imaging at Science Park  
110 Science Parkway  
Rochester, NY 14620**

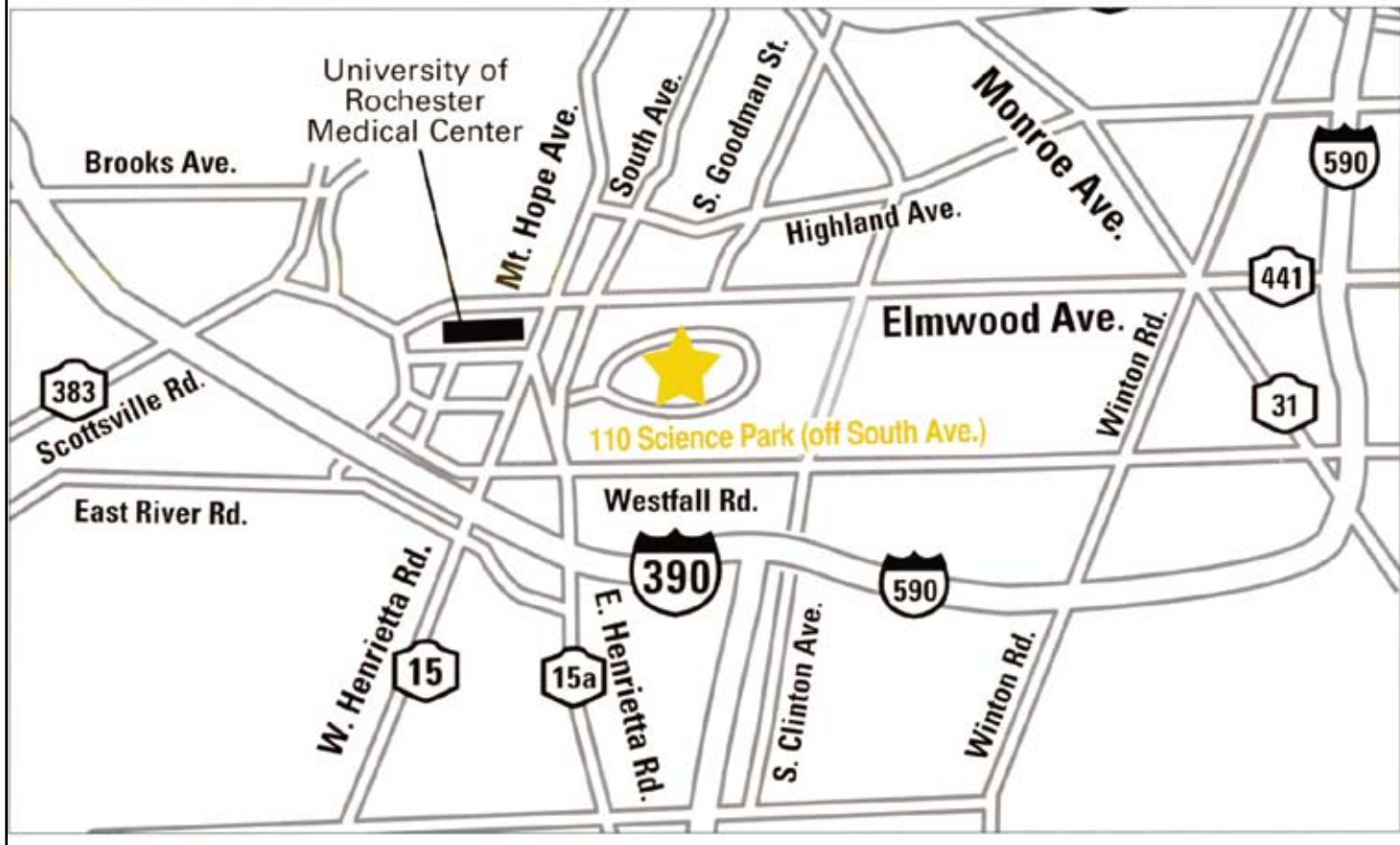
**UISP Phone Number: (585) 785-5000**

**UISP Fax Number: (585) 756-2474**

**Web site: <http://www.urmc.rochester.edu/petct>**

**UISP National Provider Identifier: NPI 1821030362**

# University Imaging at Science Park



## 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.

## MRI FAQ

There are certain contraindications for MRI:

- Cardiac pacemakers and defibrillators
- Certain other implants like older clips (call UISP and check)
- Severe claustrophobia (relative contraindication)

Certain other restriction for MRI:

- Body weight more than 350 lbs
- Pediatric patients:
  - If **NO** contrast medium needed MRI is ok if the child understands and can obey instructions, e.g. to remain still during exam
  - If **contrast medium** needed, this is ok if:
    - ♦ Child at least 15 years old (12-14 years old if body weight >60 kg)

Restrictions for Contrast medium (Gadolinium):

- Due to the risk of serious adverse reactions in patients with poor kidney function, **GFR** should always be checked if:
  - Known kidney disease
  - Patients 60 years or older
  - Patients with hypertension and/or diabetes mellitus
  - Patients who have undergone liver or kidney transplantation
- Allergy to MR contrast media (can most often be done following proper pre-treatment)

If uncertain about something, call a nurse at UISP (585-785-5000).

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