



NORTHERN MICHIGAN

McLaren Northern Michigan

PET/CT SCAN ORDER FORM

PATIENT PREP INFO IS LOCATED ON PAGE 2.

*****PATIENT – BRING THIS FORM WITH YOU*****

Patient Legal Name:		Date of Birth:	Male OR Female	Scheduled Date and Time:
Diagnosis:		Weight:	Height:	Diabetic: Y or N
Copy Report To:		Physician Office Fax #:		
Required for Medical Verification: Physician office must fax H&P or Discharge Summary along with any lab, biopsy or Radiology reports to Central Scheduling – FAX: 231.487.7920				
Scan Type (check one) <input type="checkbox"/> Skull to Mid–Thigh <input type="checkbox"/> Whole Body for Melanoma and/or for known or suspected lower extremity tumors. <input type="checkbox"/> Cardiac – Myocardial Viability	MEDICARE APPROVED INDICATIONS Initial Treatment Strategy <i>(formerly “diagnosis” and “staging”)</i> Check appropriate indication <input type="checkbox"/> OUTSIDE FILMS AVAILABLE @ MCLAREN NM	MEDICARE APPROVED INDICATIONS Subsequent Treatment Strategy <i>(formerly “restaging” and “monitoring response to treatment”)</i> Check appropriate indication <input type="checkbox"/> OUTSIDE FILMS AVAILABLE @ MCLAREN NM		
Colorectal				
Esophagus				
Head and Neck (not Thyroid or CNS)				
Lymphoma				
Lung (Formerly SPN is Neoplasm of uncertain behavior of Respiratory System)				
Ovary				
Brain				
Cervix*				
Soft Tissue Sarcoma				
Pancreas				
Testes				
Prostate		NOT COVERED		
Breast (male and female)**				
Melanoma***				
All other solid tumors				
Myeloma				
Type of Cancer if not listed:				

PHYSICIAN SIGNATURE: _____ Date _____ Time _____

Printed Physicians Name: _____

IF PATIENTS OUTSIDE FILMS ARE NOT AVAILABLE THERE WILL BE A DELAY OF 5–7 BUSINESS DAYS FOR READING PET SCAN.

*Cervix: Non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. Covered for all other indications for initial anti-tumor treatment strategy. **Breast: Non-covered for initial diagnosis and/or staging of axillary lymph nodes. Covered for initial staging of metastatic disease and all other indications for initial anti-tumor treatment strategy. ***Melanoma: Non-covered for initial staging of regional lymph nodes. Covered for all other indications for initial anti-tumor treatment strategy.

Patient Instructions for FDG PET scans

1. Drink plenty of water prior to the exam – start hydrating 48 hours prior to the appointment. You may continue drinking water up to your appointment time.
2. Nothing to eat 4 hours prior to your exam.
3. A low sugar breakfast/lunch depending on your appointment time.
 - Example: Any style eggs with bacon or sausage, Black decaffeinated coffee and water.
4. NO fruit juices or coffee additives.
5. Do not chew gum, candy mints, breath mints, hard candy etc. 4 hours prior to exam.
6. If you're diabetic discontinue Metformin for 48 hours prior to study (all other medications can be taken as prescribed)
 - **Your blood glucose level must be within a normal range, i.e. 60- 180ug/dl. If your level is not within this range the morning of your exam– please contact the Nuclear Medicine Department @231.487.4070**
7. Do not smoke 4 hours prior to exam.
8. Refrain from any strenuous activity 24 hours prior to your appointment, i.e. no climbing stairs, taking a long walk or any other type of activity that would cause muscle exertion.
9. Please weigh yourself the day of exam – we will need to know your current weight.
10. If claustrophobic please come prepared with medication from your doctor, we do not provide any medications or sedation.

***Wear warm comfortable clothing that is metal free.**