

- Bone Scan (Total Body) PET on PET/CT with Na F18
- Skull Base to Mid Thigh PET on PET/CT with FDG F18
- Total Body PET on PET/CT with FDG F18
- Limited PET on PET/CT with FDG F18 Head/Neck Chest Abdomen Pelvis
- Brain PET on PET/CT with FDG F18
- Cardiac PET on PET/CT Viability Perfusion

***Please note: Each PET performed on the PET/CT scanner must have a corresponding CT ordered.**

- Diagnostic CT (must correlate with PET scan ordered) Head Neck Chest Abdomen Pelvis
 - With IV contrast Without IV contrast
 (CT report will be generated and insurance/patient will be billed for the CT scans)

- CT for PET attenuation Correction Only
(Non-diagnostic scan, No CT report generated, CT is not available)

See the reference sheet behind NCR form for common indications

Patient History

(Note: This must be completed prior to exam being scheduled)

Height: _____ Weight: _____ (maximum weight 450 lbs) IV Contrast Allergy Yes No

BUN: _____ Date: ___ / ___ / ___ Creatinine: _____ Date: ___ / ___ / ___ Diabetes: Yes No

Clinical reason: _____

Tumor type/Date of diagnosis: _____

Treatment History:

- Biopsy/Surgery No Yes Date: ___ / ___ / ___
- Chemotherapy No Yes Completed Date of last treatment: ___ / ___ / ___
- Radiation Therapy No Yes Completed Date of last treatment: ___ / ___ / ___

Practitioner Information

Practitioner Signature	Provider #	Date and Time
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Telephone: _____ Fax: _____ Pager: _____

Office Contact: _____ Contact Telephone: _____



PET/CT Physician Order Form
Nuclear Medicine



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