

PET SCAN ORDER

PATIENT PREP IS LOCATED ON THE BACK OF THIS FORM
 *****PATIENT – BRING THIS FORM WITH YOU*****


PET SCANNER IS LOCATED AT:

- COWELL FAMILY CANCER CENTER
 MUNSON HEALTHCARE CADILLAC HOSPITAL

PATIENT LEGAL NAME:	DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
SCHEDULED DATE AND TIME:	WEIGHT:	HEIGHT:
DIAGNOSIS/ICD-10 Code(s):		
COPY REPORT TO:		PHYSICIAN OFFICE FAX NUMBER:

REQUIRED FOR MEDICAL VERIFICATION: Physician office must fax H&P or Discharge Summary along with any lab, biopsy or radiology reports to Radiology Scheduling at Fax: **231-935-3473** Phone: **800-968-9292**

PET SCAN DETAILS:

PI: (Initial) Staging **PS: (Subsequent)** Re-staging Recurrence Response to Therapy

 OUTSIDE FILMS AVAILABLE AT MUNSON
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SCAN AREA/TYPE *(check one)*
 FDG PET *(Prostate not covered for PI)*
AREA OF THE BODY:

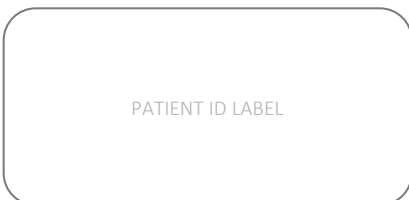
- Skull-base to mid-thigh *(most cancer diagnoses)*
- Whole Body *(Melanoma and/or for known or suspected lower extremity tumors)*
- Head/Neck *(also includes skull-base to mid-thigh)*
- Brain *(tumor)*
- Cardiac Viability
- Cardiac Sarcoidosis

 FDG BRAIN (NEURO)
 PSMA Prostate PET *(also includes skull-base to mid-thigh)*
 Dototate/Dototoc PET *(also includes skull-base to mid-thigh)*
 Other: _____

**Cervix: Non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. Covered for all other indication 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.*

IF PATIENT'S OUTSIDE FILMS ARE NOT AVAILABLE THERE WILL BE A DELAY OF 5-7 BUSINESS DAYS FOR READING PET SCAN



Printed Provider Name: _____

Provider Signature: _____

 Date: _____ Time: _____ AM PM

PLEASE SELECT ORDERED PET SCAN

Patient Instructions for 18FDG PET Scans

1. Drink plenty of water right up until your scan.
2. Nothing by mouth 4 hours prior to your scan including gum, breath mints, and candy.
3. If your scan is later in the morning or afternoon, you may have a low carb high protein meal (i.e., eggs, bacon, sausage, decaf coffee, and water). No bread. No fruit juice. No coffee additives. Nothing four (4) hours prior to your arrival time.
4. **If you are taking oral diabetic medication such as Metformin, you will need to talk with your doctor about discontinuing it for 48 hours prior to your scan. Metformin and other oral diabetic medications will adversely affect the PET scan.**
5. Your blood glucose level will need to be between 60-180ug/dL. If your level is not within this range the morning of, please contact the PET department for rescheduling.
6. No smoking four (4) hours prior to your scan time.
7. No strenuous activity for 24 hours prior to your PET scan. No climbing stairs, taking long walks, shoveling snow, working out, etc.
8. Please weigh yourself the day of your scan. We will need a current weight.

Patient Instructions for Cu64-Dotatate Detectnet PET Scans

1. Patients must be off long acting somatostatin analogues for 28 days and short acting somatostatin analogues for 2 days. Please check with your doctor to make sure this is OK.
2. No strenuous activity for 24 hours prior to your PET scan. No climbing stairs, taking long walks, shoveling snow, working out, etc.
3. No dietary restrictions.
4. Stay well hydrated.

Patient Instructions for PSMA Prostate PET

1. Drink plenty of water right up until your scan.
2. No dietary restrictions.
3. No strenuous activity for 24 hours prior to your PET scan. No climbing stairs, taking long walks, shoveling snow, working out, etc.
4. Void frequently.