

PET/CT INPATIENT SCREENING

Please check (✓) the appropriate box (□) and fill in the blank(s) as needed.

ADDRESSOGRAPH

The requesting physician must provide the following information necessary to ensure an appropriate, high quality examination before a PET/CT examination can be completed. (this is in addition to the order which is placed through the CRT):

1. Examination: Body PET/CT Imaging (See #2) Brain PET/CT Imaging (See #3)

2. INDICATION FOR BODY PET/CT (Check One):

- Diagnosis:** To determine if suspicious lesion is cancer
 - Pulmonary nodule
 - Other (specify) _____
- Diagnosis/Unknown Primary Tumor:** To detect primary tumor in patient with confirmed/suspected metastatic lesion
- Diagnosis/Paraneoplastic:** To detect a primary tumor site in patient with a presumed paraneoplastic syndrome
- Initial Staging** of histologically confirmed, newly diagnosed cancer
- Suspected Recurrence** of a previously treated cancer

Monitoring Response during:

- Chemotherapy
- Radiotherapy

Other (type) _____

Restaging after completion of:

- Chemotherapy
- Radiotherapy

Other (type) _____

Type of Cancer: _____ Histologically Proven **OR** Suspected

Evaluate Infection/Inflammation (Describe): _____

3. INDICATION FOR BRAIN PET/CT (Check One):

- Intractable Seizure** being evaluated for possible surgery
- Other** (Describe below):

Dementia

Recurrent Brain Tumor vs. Radiation Necrosis

4. Pertinent History/Special Instructions:

5. Is the patient diabetic? NO Yes

(If diabetic, NO insulin or hypoglycemic agents on day of study unless discussed with Nuclear Medicine physician)

Additional documentation may be required (especially for Medicare patients) and will be sent to the Nursing Division for completion after this information form is received by Nuclear Medicine.

For scheduling, please call 362-4738

Please FAX this form to 362-1032 after patient examination has been scheduled

Requesting Physician: _____ Telephone #/Pager # _____
SIGNATURE REQUIRED PRINTED NAME REQUIRED



Prep Guidelines/Instructions for Body PET/CT

Low carbohydrate diet on day before study
No food after midnight if study time before 1:00 pm
No food after 7:00 am if study time after 1:00 pm
No intravenous glucose (or TPN) 6 hours prior to PET/CT
Drink only water on day of study
Foley catheter will be placed prior to body PET/CT study if pelvic disease considered likely

Prep Guidelines/Instructions for Brain PET/CT

No food after midnight for study time before 1:00 pm
No food after 7:00 am if study time after 1:00 pm
No intravenous glucose (or TPN) 6 hours prior to PET/CT
Drink only water on day of study