

Easy as A – B – C

Fax the following to 404-845-5939

A. Completed Physician Script

B. Patient Information Sheet and
Clinical Notes

C. Front and Back of Insurance Cards



NORTHSIDE HOSPITAL
RADIOLOGY SERVICES
PET/CT SCAN FOR TUMOR LOCALIZATION

* Must send X-Rays prior to exam if not done at a Northside Hospital Imaging facility.

To schedule an appointment, call (404) 851-6577

Precertification for exam will be done by Northside Hospital

Note: *We must receive this form completed or the Appointment will not be scheduled. *

Fax Patient Information & Clinical History to: (404) 845-5939

NAME: _____ DOB: _____

TELEPHONE #: _____ SSN# _____

Clinical Information: Diagnosis Code: (ICD-9#) _____

Rationale for Exam: _____

Has the Patient had a Previous CT Scan? YES NO If Yes, Date of CT: _____

Where was CT Performed? Northside Hospital Other (Please List): _____

History of prior surgery to affected area? YES NO

Is Patient's Weight less than 325 lbs.? YES NO

 Physician Signature (Physician Stamps Not Acceptable)

Referring Physician: _____ UPIN # _____

Contact Person: _____ Phone # _____ Fax # _____

Please fax Front & Back of Insurance Card information to: 404-845-5939

PRIMARY INSURANCE: _____ Phone # _____

SECOND INSURANCE: _____ Phone # _____

Check One Box to activate order:

Lung Cancer, non-small cell

- Diagnosis
- Initial staging
- Restaging

Melanoma

- Diagnosis
- Initial staging
- Restaging

Solitary Pulmonary Nodule

- Single Pulmonary Nodule

Other* _____

Colorectal Cancer

- Diagnosis
- Initial staging
- Restaging

Lymphoma

- Diagnosis
- Initial staging
- Restaging

Thyroid

- Restaging

Esophageal Cancer

- Diagnosis
- Initial staging
- Restaging

Head and Neck Cancer (not CNS)

- Diagnosis
- Initial staging
- Restaging

Breast Cancer

- Diagnosis* (not covered by medicare)
- Initial staging/restaging
- Response to treatment

Neurology

- Alzheimers

Cervical Cancer

- Initial staging

*Other diagnosis are not covered by Medicare, and patient is responsible for payment.

INSTRUCTIONS

- (1) Instruct the patient that they are to have **nothing by mouth except water** for 4 hrs prior to the scan time. (medications okay with small amount of water)
- (2) NO caffeine for 12 hours prior to the appointment time.
- (3) Instruct the patient to bring **a copy of the most recent MRI & CT films** (if not performed at Northside) with them.
- (4) **Please Fax all pertinent information from the patient's records (most recent H&P, office notes, etc.)**
- (5) Have your patient report to the Northside Hospital Admissions Office **45 minutes prior** to their scan time.
- (6) Expect to **spend 2 to 3 hours** at the hospital for your exam.

PLEASE FILL OUT THIS SHEET COMPLETELY AND FAX IT WITH THE PATIENTS MEDICAL HISTORY TO (404) 845-5939 IF THERE ARE CLINICAL RELATED QUESTIONS, PLEASE NOTIFY THE TECHNOLOGISTS AT (404) 851-8941.