Methodist Healthcare
University Hospital

Physician Request Form for Oncologic PET/CT Imaging

Patient Name _____ Date of Study _____ DOB _____

Social Security No. _____ Gender _____ Weight _____ lbs

Patient's Address _____ City, State, Zip _____

Patient's Phone_____ Type of Insurance: _____

Physician _____ Physician's Phone/Pager _____

Previous CT or MRI? _____ Where? _____ Date? _____

Previous PET Study? _____ Where? _____ Date? _____

STUDY REQUESTED (Check One)

☐ Brain only (for brain tumor)

Special (non-standard) body studies

- ☐ Limited body study (e.g., chest only)
- ☐ Head and neck cancer study (skull vertex to thighs)

- ☐ PET Brain Metabolic Evaluation
- ☐ PET Bone Imaging
- ☐ PET Myocardial Metabolic Evaluation
- ☐ PET Tumor Imaging skull base to mid thigh
- ☐ PET Tumor Imaging whole body
- ☐ Other _____

SPECIFIC REASON FOR PET STUDY (Check One)

Type of Cancer_____ ❑ **Histologically Proven** ❑ **Suspected**

❑ **Diagnosis**: To determine if suspicious lesion is cancer
_____Pulmonary nodule
_____Other (specify)_____

❑ **Diagnosis:** To detect an occult primary tumor:
_____In patient with known/suspected metastatic disease
_____In patient with suspected paraneoplastic syndrome

❑ **Initial Staging** of confirmed, newly diagnosed cancer

❑ **Monitoring Response** during treatment
_____Chemotherapy _____Radiotherapy
_____Other (type)_____

❑ **Restaging** after completion of therapy
_____Chemotherapy _____Radiotherapy
_____Other (type)_____

❑ **Suspected Recurrence** of a previously treated cancer: Site of suspected recurrence is
_____
based on _____

Additional History or Instructions: _____

Physician signature is required on next page

For scheduling, please call 901-516-8191

Please FAX this form with recent office notes, radiology reports and pathology reports to 901-937-3333

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ADDITIONAL INFORMATION REQUIRED IF MEDICARE IS PATIENT'S PRIMARY INSURANCE

Medicare provides conventional coverage for oncologic PET studies performed for certain specific clinical indications. Most other oncologic PET studies are covered only if the referring physician provides additional information before and after the PET study as part of the National Oncologic PET Registry (NOPR) (see http://www.cancerPETregistry.org). **If you have any questions regarding the validity of a referral, contact our physicians directly at 901-516-7358.**

Please check the appropriate covered indication (or specify the requested registry-covered indication):

☐ Covered Cancer Diagnosis or Initial Staging: Covered for essentially all cancer types (one study per patient per cancer) except for prostate cancer, diagnosis of breast cancer, and regional nodal evaluation of breast cancer or melanoma. Also see below.

☐ NOPR Cancer Diagnosis or Initial Staging: Covered for the following cancer types (select one).

☐ Cervical cancer (prior CT or MRI not performed)
☐ Cervical Cancer (prior CT or MRI performed and shows extrapelvic metastasis)
☐ Leukemia

☐ Covered Restaging/Detection of Suspected Recurrence or Treatment Monitoring: Covered for the following cancer types (select one).
[Note that routine surveillance is not covered.]

☐ Breast Cancer
☐ Cervical Cancer
☐ Colorectal Cancer
☐ Esophageal Cancer
☐ Head & Neck Cancer
☐ Lymphoma
☐ Melanoma
☐ Myeloma
☐ Non-small Cell Lung Cancer
☐ Ovarian Cancer
☐ Thyroid Cancer (with elevated thyroglobulin and negative I-131 whole-body scan)

☐ NOPR Restaging/Detection of Suspected Recurrence or Treatment Monitoring: All other cancer types. *[Note that routine surveillance is not covered.]*

For NOPR studies, also complete and submit the pre-PET form for National Oncologic PET Registry

http://www.cancerpetregistry.org/pdf/nopr_prepet_form.pdf

Physician Signature _____ Date: _____
(A ***physician's*** signature is required)

Patient Name _____ DOB: _____