



PATIENT INFORMATION	
Name:	
Date of Birth:	
Home Phone:	Alternative Phone:
Height/Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female

REFERRING INFORMATION	
Referring Physician Signature:	
Date:	
Office Number:	Fax:
Insurance Name/ Authorization #	

PET/CT EXAM REQUESTED- CHOOSE RADIOTRACER AND BODY AREA*	
(*Please Note that the CT in PET/CT is Not diagnostic. It is for Attenuation correction only)	
<input type="checkbox"/> F-18 FDG- For most cancers and neurologic diseases; exceptions below:	<input type="checkbox"/> 78815 – Base of Skull to Thighs <input type="checkbox"/> - With Brain <input type="checkbox"/> - Without Brain
<input type="checkbox"/> PET POSLUMA PSMA PROSTATE IMAGING 78815	<input type="checkbox"/> 78816 – Scalp to Toes, for Pedi or Melanoma
<input type="checkbox"/> PET PSMA PROSTATE IMAGING 78815	<input type="checkbox"/> 78608 – Brain, Dementia/Seizure (FDG)
<input type="checkbox"/> PET GA68 DOTATATE 78815	<input type="checkbox"/> 78814 – Brain, Limited PET Amyloid
Requested Area:	
Is diagnostic CT requested in addition to PET/CT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> with IV contrast <input type="checkbox"/> without IV contrast Specify area(s): <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Pelvis <input type="checkbox"/> Other _____	
Primary Diagnosis:	ICD Code:
Reason for Study: <input type="checkbox"/> Initial treatment strategy (diagnosis / initial staging) <input type="checkbox"/> Subsequent treatment strategy (restaging / monitoring / recurrence) How many prior PET/CT Scans has the patient had? _____	
Recent surgery / biopsy: Specific site, date and where done:	Recent relevant imaging: <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> NM <input type="checkbox"/> PET: _____
Chemotherapy: Type and Date of Last Treatment:	Radiotherapy: Type and Date of Last Treatment:
Patient Diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication taken: <input type="checkbox"/> Oral <input type="checkbox"/> Insulin Type: _____	
Any Additional Information?	

CHECKLIST FOR PHYSICIAN'S OFFICE
<input type="checkbox"/> Completed prescheduling form
<input type="checkbox"/> Copies of (Non-UT Health) CT, MRI, and Nuc Med Reports, as well as relevant office notes and path reports
<input type="checkbox"/> Copies of all insurance cards

IMPORTANT
 Call UT Health Austin Advanced Imaging scheduler for preparation instructions.
 At least 48 hours notice is required to cancel or reschedule the exam.
 Second page must be completed if Medicare or any Medicare replacement plan is patients's primary or secondary insurance



FOR F-18 FDG PET/CT SCAN PATIENTS COVERED

ADDITIONAL INFORMATION REQUIRED IF MEDICARE OR MEDICARE REPLACEMENT IS PATIENT'S PRIMARY OR SECONDARY INSURANCE.

Medicare provides conventional coverage for oncologic PET studies performed for certain specific clinical indications. If you have any questions regarding the validity of a referral, contact our PET scheduling department directly.

Initial Treatment Strategy

- To determine whether or not the beneficiary is appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for the invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor

Subsequent Treatment Strategy

Three (per cancer per lifetime) FDG PET scan are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

Any additional subsequent studies please provide medical necessity letter on company letterhead.

Tumor Type	Initial Treatment Strategy (formerly "diagnosis & staging)	Subsequent Treatment Strategy (formerly "restaging and monitoring response to treatment")	Tumor Type	Initial Treatment Strategy (Formerly "diagnosis & staging)	Subsequent Treatment Strategy (formerly "restaging and monitoring response to treatment")
Colorectal	Cover	Cover	Soft Tissue Sarcoma	Cover	Cover
Esophagus	Cover	Cover	Pancreas	Cover	Cover
Head and Neck (not thyroid for CNS)	Cover	Cover	Testes	Cover	Cover
Lymphoma	Cover	Cover	Prostate	Non-cover	Cover
Non-Small Cell Lung	Cover	Cover	Thyroid	Cover	Cover
Non-Small	Cover	Cover	Breast (male and female)	Non-Cover	Cover
Ovary	Cover	Cover	Melanoma	Non-Cover	Cover
Brain	Cover	Cover	All other Solid tumors	Cover	Cover
Cervix	Cover with exceptions*	Cover	Myeloma	Cover	Cover
Small Cell Lung	Cover	Cover	All other cancers not listed	Cover	Cover

* Cervix: Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor treatment strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

*Breast: nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

*Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

Physical Signature: _____ Date: _____
 (A Physician signature is required)

Patient Signature: _____ DOB: _____



**INSTRUCTIONS FOR YOUR PET/CT SCAN
IMPORTANT NOTES**

1. Tell the scheduler if you are pregnant, a nursing mother, claustrophobic, diabetic or if you have any special needs.
2. Wear comfortable clothing to your appointment. Wear clothes without metal. If necessary, a gown will be provided. Please leave all jewelry at home or you will be asked to remove the jewelry.
3. Your visit will last approximately 2 1/2 hours including check-in, uptake and scan time.
4. If you will not be able to make your PET/CT can appointment or if you have any questions about your exam. Please notify our scheduling department at least 24 hours before your exam at (512) 495-5300 Option 4-3

Each type of radiotracer used in the PET/CT scan requires different preparation. Please be sure you know which exam has been requested for you and find the appropriate instructions below.

F-18 FDG Radiotracer (FOR MOST CANCERS AND NEUROLOGIC DISEASES)

MORNING APPOINTMENTS

The Day Prior:

1. You must abstain from carbohydrates and sugars from NOON on the day prior to your scan (Please see diet instructions on the back of this page)
2. Do not chew gum 6 hours prior to the exam
3. Do not participate in any strenuous activity.
4. A scheduler will call you to confirm your appointment.
5. If you are diabetic or self-sedating for your exam, the UTHA paramedic will call you with detailed instructions.

The day of:

1. You must fast after midnight. This means nothing to eat or drink after midnight except water. You can drink water up to the exam time.
2. If you are self-sedating, please bring a driver and notify the paramedic on site, that you have self-sedated
3. Please bring any prior imaging that is requested.

AFTERNOON APPOINTMENTS

The Day Prior

1. You must abstain from carbohydrates and sugars from NOON on the day prior to your scan (Please see diet instructions on the back of this page)
2. Do not participate in strenuous activity.
3. Do not chew gum for 6 hours prior to the exam.
4. A scheduler will call you to confirm your appointment.
5. If you are diabetic or self-sedating for your exam, the UTHA paramedic will call you with detailed instructions.

The day of:

1. You may eat a light breakfast the day of your scan (continue to abstain from carbohydrates and sugars.)
2. Breakfast must be finished 6 hours prior to your exam
3. You may drink plenty of water the day of your exam
4. If you are self-sedating, please bring a driver and notify the paramedic on site, that you have self-sedated.
5. Please bring any prior imaging that is requested.

Please see diet instructions for F-18 FDG exams on the back of this page.

If you are self-sedating, please bring a driver and notify the paramedic on site, that you have self-sedated
Please bring any prior imaging that is requested

F-18 FDG Radiotracer-BRAIN ONLY

1. Nothing to eat or drink for 6 hours prior to the exam
2. No caffeine or nicotine for 12 hours prior to the exam

F-18 Fluciclovine (Axumin) Radiotracer (FOR PROSTATE CANCER RECURRENCE)

1. No strenuous activity 24 hours prior to the exam
2. Nothing to eat or dring for 4 hours prior to the exam

G-68 Dotatate (Netspot) Radiotracer (FOR NEUROENDOCRINE TUMORS)

1. Drink plenty of water the day before and the day of the exam
2. No fasting required
3. If you are on long-acting somatostatin treatment, the exam must be scheduled just prior to your next dose.

**F-18 Florbetapir (Amyvid) / F-18 Florabetaben (Neuraceq) Radiotracer (FOR ALZHEIMER'S DEMENTIA)
NO PREP REQUIRED FOR THIS EXAM**

F-18 NaF (Sodium Floride) Radiotracer (FOR BONE METASTASES)

Drink 2 glasses of water 1 hour prior to the exam



F-18 FDG PER/CT SCAN DIET INSTRUCTIONS
(Except F-18 FDG Brain- See Previous Page)

The Day before your PET/CT scan there are certain instructions to follow.

1. During the day, avoid overindulging in sugars or carbohydrates as much as reasonably possible.
2. Avoid strenuous activity. This means no heavy lifting, (such as weight lifting), aerobic activity, or yard work

Here are examples of food that *must be avoided after NOON* the day before your exam.

Sugars

Fruit or Fruit Juices
Soft Drinks
Jellies
Yogurt
Desserts
Candy
Alcohol of any kind

Caffeine

Coffee
Tea
Energy Drinks

Starches / Carbohydrates

Bread / rolls / cakes / tortillas
Rice / Pasta / Crackers
Potatoes / Corn / Peas
Snack Chips (Any kind)
Pastries
Oatmeal
Pizza dough
Cereals

Your evening meal should consist of proteins with no starchy vegetables.
No dessert or fruit should be consumed with dinner.

Here are examples of foods that are allowed for dinner prior to your scan:

Proteins

Fish (Tuna or grilled fillets)
Chicken (Avoid breading or fried chicken)
Pork (Including bacon and ham)
Red Meat (all forms)
Eggs
Cheese
Tofu
Non-Starchy Vegetables (no potatoes or corn)
Nuts (Not Honey Roasted)

Drinks

Water
Milk

Vegetables

Green Beans
Spinach
Asparagus
Broccoli
Mushrooms
Green Salad

There are also instructions to follow the day of your scan. Please see reverse side for instructions.

Suggested diet the day before your PET/CT (Except for those Scans there not diet prep is required)		
Follow this high protein or low carbohydrate diet (remember: no food 6 hours prior to your scan.) If you are a vegetarian, you may replace the suggested meat products with high protein low carbohydrate meat substitutes.		
Breakfast	Lunch	Dinner
2 eggs, any style Bacon, Sausage or meat substitute No Juice No Toast No Potatoes	Entrees (choose one) 8oz. grilled steak 8oz. grilled salmon fillet Half a chicken, baked or broiled Side items (choose one) Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad	Entrees (choose one) 8oz. grilled steak 8oz. grilled salmon fillet Half a chicken, baked or broiled Side items (choose one) Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad
FOODS TO AVOID: refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal, rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, all sodas and all fruit juices.		

DIABETIC PET/CT INSTRUCTIONS

If you are on insulin, schedule your PET/CT appointment in the afternoon. Please take your insulin with breakfast, and then have water only until your PET/CT exam. If you are on oral medication for diabetes and are scheduled for a morning appointment, please do not take your medications. Bring your medication with you. The technologist or paramedic will check your blood sugar and will determine if you should take your medication or not. If you are scheduled in the afternoon, please take your oral medication with breakfast. If you take insulin, please bring your Humulin R, Novulin R or other Regular insulin with you.