

Leading Radiology Forward

Tax ID#: 95-4651287

PET/CT LOCATIONS

SOUTH ORANGE COUNTY ■ MemorialCare - Newport Beach 3300 West Coast Highway Ste. B Newport Beach, CA 92663

Services:

PET/CT, Open & 3T MRI, Ultrasound, X-Ray, CT

☐ MemorialCare - Irvine

4050 Barranca Parkway Ste. 160 Irvine, CA 92604

Services:

PET/CT, 3T MRI, Ultrasound, X-Ray, CT

PET/CT Scheduler: *P: (714) 784-1643 F: (714) 285-9084*

—NORTH ORANGE COUNTY—

□ Orange Advanced

230 S. Main St. Ste. 205 Orange, CA 92868

Services:

PET/CT, Arthrography, CT, Fluoroscopy, MRI

PET/CT Scheduler:

P: (714) 978-2937 ext. 11017 F: (714) 532-5220

— LONG BEACH —

☐ Liberty Pacific Adv - Long Beach

2708 E. Willow St. Signal Hills, CA 90755

Services:

PET/CT, MRI, Nuclear Medicine, Ultrasound, X-Ray, CT

PET/CT Scheduler:

P: (714) 784-1643 F: (714) 285-9084

Judith Rose, M.D. *Medical Director, PET/CT*

RadNet.com

RADNET ORANGE COUNTY & LONG BEACH

PET/CT

EXAMINATION INFORMATION Today's Date: ■ Response to Treatment ■ Initial Diagnosis ■ Staging ■ Re-staging ☐ PET/CT, Brain FDG 78608 ☐ PET/CT, NaF Bone, Whole Body 78816 ☐ PET/CT, Skull Base to Mid Thigh 78815 ☐ PET/CT, Whole Body (Melanoma) 78816 ☐ PET/CT, Axumin (Prostate) ☐ PET/CT, NetSpot GA 68 Diagnosis and Chief Complaint: _____ PATIENT INFORMATION Special Needs: Diabetic ☐ Claustrophobic ■ In-Patient **☐** Wheelchair ☐ Other: _____ Patient Name: DOB: Patient Address: _____ Home Phone: _____ Work Phone: _____ Patient Height: Patient Weight: The patient;s radioactive injection is ordered based on his/her weight. REFERRING PHYSICIAN INFORMATION Referring Physician: ______ Referring Physician Phone: Referring Physician Signature: ______ CC Report to: ____ **INSURANCE INFORMATION** ☐ Private ☐ Medicare ☐ Self-Pay ☐ Other: Insurance Carrier: _____ ID/Subscriber #:

Please fax this FORM, Copy of your Insurance Card and Pertinent Clinical Information (Biopsy, H&P, Prior Imaging Reports).

Authorization # (if applicable):

* Maps & Preparation Instructions and Coding on reverse side*

PET/CT PATIENT INSTRUCTIONS

It is very important patients manage their glucose (sugar) intake prior to the exam. If glucose is not at the right level, exam may need to be cancelled, or the results may not be optimal.

DIABETIC patients should contact the imaging center for IMPORTANT INFORMATION about medications.

Diet and Fluids:

- NO FOOD (NPO) 6 hours prior to appointment WATER ONLY.
 No chewing gum, soda, juice, cough drops, mints or anything that has sugar in it.
- 2. Increase fluids 48 hours before the exam
- 3. Eat low carbohydrate / high protien / high fat foods 24hrs before exam.
- 4. NO Caffeine / Nicotine / Alcohol 24hrs before the exam.
- 5. Discontinue Lomotil 24hrs before exam, if possible.
- 6. Stop G Tube or parental feeding 4hrs before exam.

Please do not bring children to the appointment

If you need to reschedule your appointment, please do so 24 hours in advance.

FOOD ALLOWED & NOT ALLOWED THE DAY BEFORE THE EXAM

ALLOWED: All meats, tofu, hard cheesee, oil, butter, margarine, eggs and non-startchy vegetables.

NOT ALLOWED: Cereal, breads, jams, jellies, peas, corn, potatoes, fruits, juices, gravies, milk, including non-dairy milks, pastas, sugar, candy, honey, alcohol and rice.

Exercise: No strenuous exercise for at least 24hrs before exam **Temperatures:** Dress warmly for 48hrs prior to exam.

Pregnancy: All women of childbearing age must be prescreened for pregnancy at the time they are scheduled.

Colostomy Patient: Bring additional colostomy bag.

Other Instructions: May take medications prior to arrival at the center **WITH WATER ONLY.**

You will be asked to stop talking 5 minutes before injection and during scan uptake phase to limit laryngeal muscle uptake.

If you have any questions, please call our PET/CT center.

FOR OFFICE USE: CPT CODING GUIDE

78815 - Skull Base to Mid-Thigh PET with concurrently acquired CT

78815 - Skull Base to Mid-Thigh PET Axumin PET (Prostate)

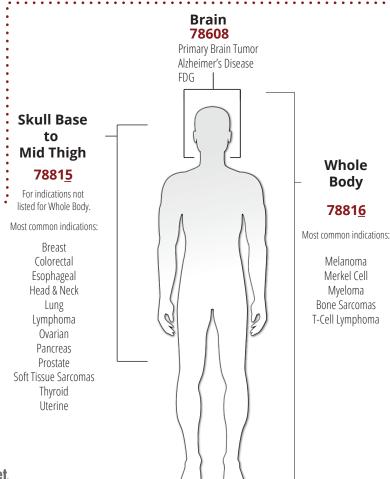
78816 - Whole Body PET with concurrently acquired CT

78608 - FDG Brain

78814 - Amyloid Brain PET

Note: A Whole Body PET/CT is indicated if the patient has known disease in the extremities or new extremity complaints.





Leading Radiology Forward