

Please fax your request and a copy of your patient's insurance card to: **559.432.7020**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Numbers - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance - Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

We are happy to help obtain insurance authorizations whenever possible

PATIENT HISTORY:  Diabetes  Renal Failure/Insufficiency

Indication: \_\_\_\_\_ ICD: \_\_\_\_\_

• EXAMINATIONS •

**PET/CT**

NOTE: All VMI PET studies are performed on a PET/CT scanner using low-dose CT for attenuation correction and anatomic localization.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 78815 - Skull Base to Thigh   | <input type="checkbox"/> 78815 & A9587 - Ga 68 NetSpot<br>Neuroendocrine Tumors | <input type="checkbox"/> Brain ___ FDG 78608<br>___ Amyloid 78814<br>___ Other |
| <input type="checkbox"/> 78815 & A9588 - Skull Base to Thigh<br>Axumin - Prostate                            |   |  |
| <input type="checkbox"/> 78816 - Whole Body (Melanoma, T-Cell Cutaneous Lymphoma, Sarcoma, Multiple Myeloma) |   |  |

**DIAGNOSTIC CT**

Please complete Steps 1 and 2

- |  |   |
|--|---|
| <p>① CT</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Head <input type="checkbox"/> Abdomen</li> <li><input type="checkbox"/> Sinus <input type="checkbox"/> Pelvis</li> <li><input type="checkbox"/> Neck <input type="checkbox"/> Spine</li> <li><input type="checkbox"/> Chest <input type="checkbox"/> Extremity <input type="checkbox"/> Other _____</li> </ul> | <p>② CONTRAST</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> With Contrast</li> <li><input type="checkbox"/> Without Contrast</li> <li><input type="checkbox"/> If Clinically Indicated</li> </ul> |
|--|---|

**GENERAL NUCLEAR MEDICINE**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bone Scan<br>___ Three Phase<br>___ Limited<br>___ Whole Body<br>___ SPECT/CT of _____ | <input type="checkbox"/> DaT Scan<br><input type="checkbox"/> Gastric Emptying<br><input type="checkbox"/> Liver SPECT<br><input type="checkbox"/> Renal Scan/Flow/Function<br><input type="checkbox"/> Parathyroid SPECT/CT<br><input type="checkbox"/> Thyroid Scan<br><input type="checkbox"/> Thyroid Uptake/Scan | <input type="checkbox"/> Gallium or Labeled WBC Scan<br>___ Limited<br>___ Whole Body<br>___ SPECT/CT of _____<br><input type="checkbox"/> Tumor Localization<br>___ MIBG ___ Octreoscan<br><input type="checkbox"/> Other _____ |
| <input type="checkbox"/> MUGA/Cardiac Blood Pool, Resting   |   |  |
| <input type="checkbox"/> Gallbladder/HIDA<br>___ with Ejection Fraction   |   |  |

Physician's Name: \_\_\_\_\_ Additional Copy To: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

## PET/CT PATIENT INSTRUCTIONS

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

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

### Diet and Fluids

1. **NO FOOD (NPO) 6 hours prior to appointment WATER ONLY.**
2. Increase fluids 48 hours before the exam.
3. **NO Caffeine / Nicotine / Alcohol 24 hrs before exam.**
4. Discontinue Lomotil 24 hours before exam, if possible.
5. Stop G Tube / parental feeding 4 hours before exam.

## FOODS PERMITTED BEFORE EXAM

**ALLOWED:** All meats, tofu, hard cheeses, oil, butter margarine, eggs and non-starchy vegetables.

**NOT ALLOWED:** Cereals, 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 24 hours before exam.

**Temperatures:** Dress warmly for 48 hours prior to exam.

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

**Colostomy Patients:** 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.

### 78608 BRAIN

Primary Brain Tumor  
Alzheimer's Disease

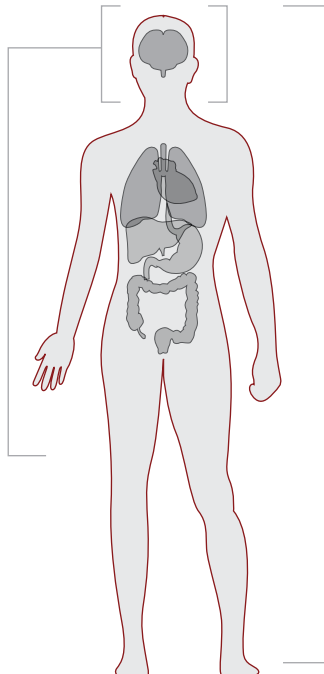
Recurrence vs Radiation Necrosis

### 78815 SKULL BASE TO MID THIGH

For indications  
not listed for  
Whole Body.

#### Most common indications:

Breast  
Cervical  
Colorectal  
Esophageal  
Head & Neck  
Lung  
Lymphoma  
Ovarian  
Prostate  
Soft Tissue Sarcomas  
Solitary Pulmonary Nodule  
Thyroid  
Uterine



### 78816 WHOLE BODY

#### Most common indications:

Bone Sarcomas  
Melanoma  
Merkel Cell  
Myeloma  
T-Cell Lymphoma

**QUESTIONS?** Please call our center at 559.449.2640 x 1

