Dartmouth Health

Department of Radiology- Lebanon

PET SCAN REQUEST

Please complete and fax to: **(603)-640-1956**
For telephone assistance: **(603)-650-5560**

PATIENT INFORMATION

Patient Name:_____ DOB: _____/_____/_____

☐ **Lebanon** ☐ **Lancaster** MRN:_____

Special Considerations:

☐ Blind ☐ O^2
☐ Deaf ☐ **Precautions**
☐ Disoriented ☐ Stretcher Needed
☐ IV ☐ Wheelchair Needed

Treatment*:

☐ Initial Treatment ☐ Subsequent Treatment (formally restaging and monitoring response to treatment)

☐ Male ☐ Female
☒ Pregnant ☐ Breastfeeding

Pt. Height*: _____' _____" **Pt. Weight***: _____ lbs

☐ Diabetic: ☐ Hoyer Lift
☐ Insulin: _____
☐ Oral Medication: _____

☐ **Claustrophobic**

☐ Allergies: _____

For all oncology patients aged 18-40, an oral Xanax dose of 0.5 mg will be administered by a radiology nurse 1 hour prior to the PET scan. This is to minimize muscle and brown fat activity seen on the PET scan. **A driver must accompany the patient and remain through all appointments if the patient is to receive Xanax (for claustrophobia or testing reasons).**

☐ Check here if you do NOT want your patient to receive Xanax mg. orally 1 hour prior to the PET Scan.

HISTORY

Specifically related to this disease process, has this patient had:

Prior CTs:	☐ Yes ☐ No	If yes, where:_____	Date: _____/_____/_____
Prior MRIs:	☐ Yes ☐ No	If yes, where:_____	Date: _____/_____/_____
Prior PET Scans:	☐ Yes ☐ No	If yes, where:_____	Date: _____/_____/_____

Outside Films: ☐ Pt will Hand Carry ☐ Please request **CPT Code***: _____

Has this study been pre-certified: Pre-Cert #*:_____ Exp: _____ Reference# if Pre-Cert Not Required*:_____

INDICATION / REQUEST DETAILS (*Required)

Indication for study*:_____

Reason for Exam*: _____

PET Type:

☐ FDG Standard (includes neck, chest, abdomen, and pelvis) 78815
☐ FDG Standard plus head and neck (for head/neck cancer) 78815
☐ FDG Entire Body, head to toes (for melanoma or where clinical concern is in extremities) 78816
☐ PSMA Prostate (Gozellix)
☐ Neuroendocrine Tumor (Detectnet)
☐ Brain FDG-Metabolic (Dementia, seizure, brain tumor) 78608
☐ Brain (Amyloid) 78814
☐ Cardiac Viability 78459
☐ Cardiac Perfusion (single) 78491
☐ Cardiac Sarcoid
☐ Cardiac PET

REFERRING PROVIDER

Ordering Facility Name: _____

Ordering Facility Phone #: (_____) - _____ - _____ Provider Pager: _____

Ordering Provider Name (Print): _____

☐ Staff Physician
☐ Resident/Other

Ordering Provider Signature*: _____ Date: _____/_____/_____

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Updated 2/11/25