

**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: **Treatment\***:  
 Blind  O<sup>2</sup>  Initial Treatment  Subsequent Treatment (formally restaging and monitoring response to treatment)  
 Deaf  Precautions  Male  Female  
 Disoriented  Stretcher Needed  Pregnant  Breastfeeding  
 IV  Wheelchair Needed

**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:**

<input type="checkbox"/> FDG Standard (includes neck, chest, abdomen, and pelvis) 78815	<input type="checkbox"/> Brain FDG-Metabolic (Dementia, seizure, brain tumor) 78608
<input type="checkbox"/> FDG Standard plus head and neck (for head/neck cancer) 78815	<input type="checkbox"/> Brain (Amyloid) 78814
<input type="checkbox"/> FDG Entire Body, head to toes (for melanoma or where clinical concern is in extremities) 78816	<input type="checkbox"/> Cardiac Viability 78459
<input type="checkbox"/> PSMA Prostate (Gozellix) (78815 & A9616)	<input type="checkbox"/> Cardiac Perfusion (single) 78491
<input type="checkbox"/> Neuroendocrine Tumor (Detectnet) (78815 & A9592)	<input type="checkbox"/> Cardiac Sarcoid (78430 & 78451)
	<input type="checkbox"/> Cardiac PET (78431)

**REFERRING PROVIDER**

Ordering Facility Name: \_\_\_\_\_  
 Ordering Facility Phone #: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Provider Pager: \_\_\_\_\_  
 Ordering Provider Name (Print): \_\_\_\_\_  
**Ordering Provider Signature\***: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Physician  
 Resident/Other

Dartmouth Health NPI ID: 1023092053 Dartmouth Health Tax ID: 22519596