



**Physician Order Form for PET/CT**

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Primary Diagnosis: (Signs & Symptoms/Diagnosis: R/O is NOT acceptable as a Primary Diagnosis)**

\_\_\_\_\_  
\_\_\_\_\_

**Clinical Question: (Please specify; initial treatment strategy, subsequent treatment strategy)**

\_\_\_\_\_  
\_\_\_\_\_

**Patient Cancer History:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PET/CT Examination Requested:**

- 1) \_\_\_\_\_ Total Body PET/CT scan (*eyebrows to mid-thigh CPT 78815*)
- 2) \_\_\_\_\_ Total Body PET/CT scan (*whole body, CPT 78816;*  
*Initial staging for Lymphoma and Melanoma*)
- 3) \_\_\_\_\_ Prostate PET/CT scan \_\_\_\_\_ F18 Pylarify PSMA \_\_\_\_\_ Ga68 PSMA-11 (Illuccix)  
\_\_\_\_\_ Axumin
- 4) \_\_\_\_\_ Gallium-68 Dotatate Scan (Neuroendocrine Tumor)
- 5) \_\_\_\_\_ Amyloid Brain PET/CT \_\_\_\_\_ F18 Amyvid \_\_\_\_\_ F18 Neuraceq \_\_\_\_\_ F18 Vizamyl
- 6) \_\_\_\_\_ Brain PET/CT scan \_\_\_\_\_ Evaluate FTD vs AD \_\_\_\_\_ Other

**Is the patient in Chemotherapy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, when was the last treatment?** \_\_\_\_\_

**Is the Patient currently taking Neupogen or Neulasta?** \_\_\_\_\_ Yes \_\_\_\_\_ No

*(patient must be off medication four weeks prior to a PET Scan)*

**Is the Patient in Radiation Therapy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, when was the last treatment?** \_\_\_\_\_

**Signature of Referring Physician:** \_\_\_\_\_

**Referring Provider office phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**PET Scan Appointment Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

*(This requisition must be filled out entirely and accurately in order for the PET scan to be properly scheduled.)*

**Please FAX this Form to correct site below.**

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