PET – PET CT

SECTION 1. MEMBER DEMOGRAPHICS		
Patient Name (First, Last):		DOB:
Member ID:	Group #:	Health Plan:

SECTION 2. ORDERING PROVIDER INFORMATION		
Physician Name (First, Last):		
Primary Specialty:	NPI:	Tax ID:
Phone #:	Fax #:	Contact Name:

SECTION 3. FACILITY INFORMATION			
Facility Name:	Facility Tax ID:	NPI:	
Address:	City:	State:	Zip:
Phone #:	Fax #:	Date of Service:	

SECTION 4. EXAM REQUEST
ICD Diagnosis Code(s):
Description:
CPT Code(s):
Description:
Date of first office visit for this condition with any provider:
Date of most recent office visit for this condition with any provider:

SECTION 5. COMPLETE ALL APPLICABLE INFORMATION AND CHECK THE ALL BOXES THAT APPLY

Tumor Type :

Date of Diagnosis:

Select Radiotracer that applies:

- ☐ Standard or Routine PET or PET/CT Imaging FDG (2 fluorine 18, fluoro 2 deoxy-d-glucose)
- ☐ PET Bone Scan: Sodium 18F Fluoride PET/CT
- ☐ Other (describe): ____________________

Does patient have a cancer diagnosis confirmed by biopsy? ☐ Yes ☐ No

Patients Treatment History:

- ☐ No treatment for this type of cancer (initial staging)
- ☐ Treatment with surgery alone for this type of cancer
- ☐ Treatment other than surgery alone for this cancer

Reason for study:

- ☐ Initial staging
- ☐ Restaging, surveillance
- ☐ Interim PET/CT for response-adapted therapy

Currently on chemotherapy: ☐ Yes ☐ No
Completed chemotherapy: ☐ Yes ☐ No
Date completed: ____________________

Currently on radiotherapy: ☐ Yes ☐ No
Completed radiotherapy: ☐ Yes ☐ No
Date completed: ____________________

Does patient have known cancer spread to other parts of the body beyond primary tumor (metastatic disease)?: ☐ Yes ☐ No

Is there suspicion of recurrence or progression based on signs, symptoms, or imaging findings?: ☐ Yes ☐ No

Prior Imaging Results and Dates:

Additional Information:

Providers should consult the health plan's coverage policies, member benefits, and medical necessity guidelines to complete this form. Providers may attach any additional data relevant to medical necessity criteria.