

# PET SCAN REQUEST FORM



3195 Folsom Boulevard  
Sacramento, CA 95816-5233  
Phone: 916-737-3211 – For Scheduling or  
888-PET-3211 (888-738-3211)  
Fax: 916-737-6203

- MIDTOWN SACRAMENTO
- GRASS VALLEY
- CARMICHAEL
- ROSEVILLE
- FAIRFIELD

## NORTHERN CALIFORNIA PET Imaging Center

EXAM DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

### INTRODUCING:

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: Hm \_\_\_\_\_ Wk \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: _____	Weight: _____
Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Claustrophobic: <input type="checkbox"/> Yes <input type="checkbox"/> No

### INSURANCE (FAX copy of front and back of card)

Primary: \_\_\_\_\_ Policy #: \_\_\_\_\_ Auth #: \_\_\_\_\_

Secondary: \_\_\_\_\_ Policy #: \_\_\_\_\_ Auth #: \_\_\_\_\_

### REFERRING

Physician: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_

Copy To: \_\_\_\_\_ Fax: \_\_\_\_\_

## PET SCAN REQUESTED

**Oncology**  
Reason:  Diagnosis  Initial Staging  Restaging  Monitoring Rx

**CPT CODES:**  
**78815 - PET/CT Standard Views**  
78816 - PET/CT Head to Toe (Melanoma)  
78814 - PET/CT Limited Area

**Brain**  
Reason:  Dementia  Epilepsy  Tumor  Perfusion

**78608 - Metabolism**  
78609 – Perfusion

**Cardiac**  
Reason:  Viability  Perfusion

**78459 - Viability**  
78491- Perfusion

Northern California PET Imaging performs a noncontrast CT scan as part of the PET scan with its combination PET/CT scanners. The CT scan is included as part of the PET scan and will not be professionally interpreted. **HOWEVER, if a Diagnostic CT scan with professional interpretation is desired, please indicate in the box below. This will be billed separately.**

<input type="checkbox"/> <b>DIAGNOSTIC CT SCAN REQUESTED</b>
Area of Interest: _____ Contrast: <input type="checkbox"/> With <input type="checkbox"/> Without

### CLINICAL INDICATION / HISTORY

Brief Clinical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE of Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)

Please **FAX** copy of Biopsy, CT / MRI, History, Lab Results (Tumor Markers) and other Pertinent Information to **916-737-6203**

## INFORMATION FOR PATIENTS

### PET and CT Preparations:

- You should NOT eat or drink for at least six (6) hours before your scan, except for water only.
- Take all prescribed medications on the day of your exam, unless instructed otherwise.
- Drink 6 - 8 glasses of water the day before the exam and several the day of the exam to ensure hydration.
- Refrain from very strenuous exercise for 24 hours prior to your exam.
- If you would prefer not to change into a gown, please wear comfortable clothing with no zippers or snaps.
- Please bring your prior imaging procedures with you, such as PET, CT, and MRI, if possible.
- Please inform us ahead of time if you are a **DIABETIC**, and we will discuss preparation with you.
- Please let us know if you might be pregnant or are currently breast feeding.
- Please do not bring children or pregnant women with you (due to the radioactive material that will be injected).
- If additional **Diagnostic CT** is ordered, please follow the same preparations as above except do not eat or drink anything past midnight except water.

**Please allow 2½ hours for the procedure  
There are no side effects from a PET scan**

**VISIT OUR WEBSITE: [www.ncpic.org](http://www.ncpic.org)**

**For Scheduling / Reports / Information, call 888-PET-3211 (888-738-3211)**

### LOCATIONS:

#### **Midtown Sacramento:**

Northern California PET Imaging Center  
3195 Folsom Boulevard  
Sacramento, CA 95816  
Ph: 916-737-3211 or  
888-PET-3211 (888-738-3211)

#### **Carmichael:**

Mercy San Juan Medical Center  
Imaging Department  
6501 Coyle Avenue  
Carmichael, CA 95608  
Ph: 916-537-5028

#### **Grass Valley:**

Sierra Nevada Memorial Hospital  
Imaging Department  
155 Glasson Way  
Grass Valley, CA 95945  
Ph: 530-274-6107

#### **Fairfield:**

NorthBay Medical Center  
Diagnostic Imaging Department  
1200 B. Gale Wilson Blvd.  
Fairfield, CA 94533  
Ph: 707-429-7878

#### **Roseville:**

Sutter Roseville Medical Center  
Imaging Department  
One Medical Plaza  
Roseville, CA 95661  
Ph: 916-781-1000, ext 2209

***For directions, please ask your physician for a detailed map, visit our website, or call the location***