



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

REQUEST FORM

FDG PET BRAIN SCAN - DEMENTIA

NORTHERN CALIFORNIA PET Imaging Center

EXAM DATE: _____ TIME: _____

INTRODUCING:

Patient Name: _____

DOB: _____ - _____ - _____

Street Address: _____

Phone: Hm _____ Wk _____

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

City, Zip: _____

SSN: _____ - _____ - _____

INSURANCE (FAX copy of front and back of card) ****Medicare patients – please see below****

Primary: _____ Policy #: _____ Auth #: _____

Secondary: _____ Policy #: _____ Auth #: _____

REFERRING

Physician: _____ Ph: _____ Fax: _____

Contact Name/Phone: _____

Copy To: _____ Fax: _____

In order for a **Medicare** patient to be eligible for a FDG-PET brain scan, certain conditions must be met and verified. Please read the following criteria, complete the form, and sign on the indicated line below.

CLINICAL INDICATION / HISTORY

Medicare covers FDG PET scans for the differential diagnosis of frontotemporal dementia (FTD) and Alzheimer's Disease (AD) under specific requirements. It is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of **at least 6 months**, aided by cognitive scales or neurophysiologic testing, laboratory tests and structural imaging; i.e. MRI or CT.

Has a brain SPECT or FDG-PET scan been obtained for the same indication? yes no
 Were the results inconclusive? yes no
 (FDG PET may be repeated one year after inconclusive SPECT or PET. *It may be repeated sooner if there is a change in diagnosis*)

Date of Onset of Symptoms _____
 Diagnosis of Clinical Syndrome normal aging mild cognitive impairment (MCI) other _____
 mild dementia moderate dementia severe dementia
 Presumptive cause possible AD probable AD uncertain AD

Attach (fax to 737-6203) Results of the Following

Mini Mental Status Exam (MMSE) or similar? test score _____
 Neuropsychological Testing? yes no
 Structural Imaging (CT/MRI)? yes no
 Relevant Lab Tests (B12, thyroid hormone)? yes no
 Prescribed Medications? yes no Name(s) _____

Brief Clinical History: _____

SIGNATURE of Referring Physician: _____
 (Required)

Date: _____

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

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