



Northern California PET Imaging Center
3195 Folsom Blvd, Ste. 110, Sacramento, CA 95816
Phone: 916-737-3211 • Fax: 916-737-6203

PET/CT Brain Request Form

ncpic.org



Patient Info. Please complete all sections of this form.

Patient Name _____

Address _____

Mobile _____ Other _____

Insurance _____

Policy# _____

DOB _____

Gender ☐ M ☐ F

HT _____ WT _____

Claustrophobic ☐ Y ☐ N

Allergies ☐ Y ☐ N

Location

☐ **Midtown Sacramento**
3195 Folsom Blvd, Ste 110
Sacramento, CA 95816

☐ **Rocklin**
3718 Atherton Road
Rocklin, CA 95765

Person Accompanying Patient

Phone

Referring MD _____

NPI _____

Contact _____

Phone _____

Fax _____

CC MD _____

CC MD Fax _____

FDG

☐ Metabolic PET (FDG)
AD v FTD only 78608 + A9552

Page 2 "FDG PET" required

Amyloid

☐ Amyloid (Amyvid) 78814 + A9586

☐ Is the patient being considered for anti-amyloid treatment?

Patient History

ICD-10 _____

Medical necessity statement _____

Signature of referring neurologist

Date

PET Imaging Dementia Questionnaire

FDG PET Brain Scan - Medicare Guidelines

Medicare covers FDG PET scans for the differential diagnosis of frontotemporal dementia (FTD) and Alzheimer's Disease (AD) under specific requirements below.

Accepted FDG PET Scan ICD-10 Codes: F03.90, F05, G30.9, G31.01, G31.9, R41.2, R41.3

It is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of at least 6 months, who meet diagnostic criteria for both AD and FTD. These patients have been evaluated for specific alternate neurodegenerative diseases or other causative factors, but the cause of the clinical symptoms remains uncertain.

Final Faxed Paperwork & Clinic Notes Must Include All Of The Following Information:

1. Date of Onset of Symptoms: _____ / _____ / _____

2. 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)

3. Diagnosis of Clinical Syndrome:

☐ mild cognitive impairment (MCI) ☐ normal aging ☐ mild dementia ☐ moderate dementia ☐ severe dementia
other: _____

4. Presumptive cause: ☐ possible AD ☐ probable AD ☐ uncertain AD

5. Mini Mental Status Exam (MMSE) - or similar - test score: _____

6. Neuropsychological Testing

7. Structural Imaging (CT/MRI)

8. Relevant Lab Tests (B12, thyroid hormone)

9. Prescribed Medication

AMYLOID Brain Scan – ALL Criteria must be met

Pre-treatment with anti-amyloid therapy

- ✓ Patient must meet applicable insurance coverage guidelines
- ✓ Clinical diagnosis of MCI due to Alzheimer's Dementia or early Alzheimer's Dementia AND
- ✓ MMSE $\geq$ 22, CDR Global score 0.5 or 1.0, CDR Sum of Boxes $\geq$ 0.5, and/or Memory Box score $\geq$ 0.5 AND
- ✓ No history of brain hemorrhage, bleeding disorder, seizures, or stroke or TIA within 12 months AND
- ✓ Not taking anticoagulant or antiplatelet agents (except aspirin) AND
- ✓ Not currently taking another amyloid reducing drug AND
- ✓ Ordering MD is a neurologist

Signature of referring neurologist

Date