

SCHEDULING SCRIPT

SCHEDULING FAX: 610-993-1652
PHONE 1-800-394-2620 x498

Date: _____/_____/_____

PLEASE FAX A COPY OF PET SCRIPT TO
SCHEDULING FAX NUMBER

<p>Patient Information:</p> <p>Name: _____</p> <p>Sex: M/F DOB: ____/____/____ S.S. #: _____</p> <p>Day Phone:(_____) _____ Evening: (_____) _____</p> <p>Height: _____ Weight: _____</p> <p>Possibility of pregnancy: Yes No Breast Feeding: Yes No</p> <p>Primary Insurance: _____</p> <p>Subscriber Name: _____</p> <p>Policy#: _____ Group#: _____</p> <p>Secondary Insurance: _____</p> <p>Subscriber Name: _____</p> <p>Policy#: _____ Group#: _____</p>	<p>Physician Information:</p> <p>Referring Physician: _____</p> <p>Specialty: _____</p> <p>Address: _____</p> <p>Phone: (_____) _____</p> <p>FAX: (_____) _____</p> <p>Email: _____</p> <p>Cc: Physician: _____</p> <p>Cc: FAX: (_____) _____</p> <p>Results: Call Stat Report Phone Report Fax Report (written report to follow in mail)</p>
<p>Type of PET Scan: Whole Body Brain Cardiac-Viability</p> <p>Reason for PET Scan/Clinical History: _____</p> <p>_____</p> <p>_____</p> <p>Patient History:</p> <p>Allergies: _____</p> <p>Can patient lie on back for 1 hour: Yes No</p> <p>Abscess Yes No Asthma Yes No Claustrophobic Yes No</p> <p>Diabetes: Yes No Insulin Oral Meds Glucose level: _____</p> <p><i>SCHEDULE DIABETIC PATIENTS FOR 2nd APPOINTMENT IN MORNING!</i></p> <p>Has patient had Surgery: Yes No Date: ____/____/____</p> <p>Type: _____</p> <p>(PET scanning 1 month after surgery is most optimal.)</p> <p>Infection Present? Yes No Organism/Location: _____</p> <p>Did the patient have a CT or MRI in the last 12 months? Yes No</p> <p>Date: ____/____/____ where: _____</p> <p>Did the patient have a PET scan in the last 12 months? Yes No</p> <p>Date: ____/____/____ where: _____</p>	<p>Has the patient been diagnosed with Cancer? Yes No Date: ____/____/____</p> <p>Type of Primary Cancer: _____</p> <p>Location _____</p> <p>All other Cancers _____</p> <p>Date of Diagnosis: ____/____/____</p> <p>Location: _____</p> <p>Recent CEA level: _____</p> <p>CA125 level: _____</p> <p>RADIATION THERAPY (RT)</p> <p>Anatomic location: _____</p> <p>Date completed: ____/____/____</p> <p><i>PET scanning 6-8 weeks after Radiation is optimal.</i></p> <p>CHEMOTHERAPY</p> <p>Date cycle completed: ____/____/____</p> <p><i>PET scanning 4-6 weeks after Chemo is optimal. Breast Cancer patient response to chemotherapy can be monitored during chemotherapy. Preliminary information indicates the PET scan can be performed after 1 round of Chemo to monitor response to therapy.</i></p>
<p>PET Scan: Date: ____/____/____ Time: _____</p> <p>Is a precertification needed? Yes No</p> <p>Precertification Number _____</p>	<p>Patient Instructions: Patient will spend 2.5 hours at facility, nothing to eat 6 hours before scan and drink plenty of water, high protein, low carb/low sugar diet day before scan, no exercise 48 hours before scan.</p> <p>DIABETICS: See specific protocol.</p>