



Montgomery County Advanced Medical Imaging, LLC

MCAMI, PET/CT
2701 Blair Mill Road, Blairwood Building, Suite #9
Willow Grove, PA 19090

Scheduling Number: 215-481-3377
Scheduling Fax: 215-481-7682

PET/CT Scan

- 78815 skull to thigh
78816 whole body
NOPR
78608 Brain

Patient Information MR #: \_\_\_\_\_

First Name: \_\_\_\_\_
Last Name: \_\_\_\_\_
Sex: M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_
Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_
Address: \_\_\_\_\_
Height: \_\_\_\_\_ Weight: \_\_\_\_\_
Breast Feeding: ( ) YES ( ) NO Possibility of Pregnancy: ( ) YES ( ) NO
Primary Insurance: \_\_\_\_\_
Subscriber Name: \_\_\_\_\_
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_
Secondary Insurance: \_\_\_\_\_
Subscriber Name: \_\_\_\_\_
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Ordering Physician and Medical History Info.

Physician Name: \_\_\_\_\_
Specialty: \_\_\_\_\_
Address: \_\_\_\_\_
Phone #: \_\_\_\_\_
Fax #: \_\_\_\_\_
Office Contact: \_\_\_\_\_
Cc: PCP: \_\_\_\_\_
Cc: FAX: (\_\_\_\_) \_\_\_\_\_
Cc: Oncologist (MED/RAD): \_\_\_\_\_
Cc: FAX: (\_\_\_\_) \_\_\_\_\_
Cc: Surgeon: \_\_\_\_\_
Cc: FAX: (\_\_\_\_) \_\_\_\_\_

Reason for PET Scan: (please circle)

Diagnosis SPN Initial Treatment Strategy (formerly Diagnosis/Staging)
Brain Subsequent Treatment Strategy (formerly restaging/response)
Diagnosis Code: \_\_\_\_\_
New/Current Symptoms: \_\_\_\_\_
Allergies: \_\_\_\_\_
Abscess/Infection: ( ) YES ( ) NO Asthma: ( ) YES ( ) NO
Diabetes: ( ) YES ( ) NO
( ) Oral ( ) Insulin Normal Glucose Level \_\_\_\_\_
How many times per day? \_\_\_\_\_
Claustrophobic: ( ) YES ( ) NO
Can patient lie on back for 1 hour? ( ) YES ( ) NO
Recent CEA Level \_\_\_\_\_ CA 125 Level \_\_\_\_\_

Type of Primary Cancer: \_\_\_\_\_
Location: \_\_\_\_\_
All Other Cancers: \_\_\_\_\_
Location: \_\_\_\_\_
Have you ever been diagnosed with melanoma? \_\_\_\_ YES \_\_\_\_ NO
Location: \_\_\_\_\_

RADIATION THERAPY (RT)

Anatomic Location: \_\_\_\_\_
Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHEMOTHERAPY

( ) Currently Receiving
( ) Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

PET/CT Scan Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
PET/CT Scan Time: \_\_\_\_\_
Pre-Certification Number: \_\_\_\_\_

Patient Clinical History

Has Patient had:
Surgery/Biopsy ( ) YES ( ) NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Facility: \_\_\_\_\_
CT ( ) YES ( ) NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Facility: \_\_\_\_\_
MRI ( ) YES ( ) NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Facility: \_\_\_\_\_
PET ( ) YES ( ) NO Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
Facility: \_\_\_\_\_

Follow up Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

**PET/CT Ordering Instructions**  
**Abington PET/CT**  
**215-481-3377**

BODY PART	REASON FOR SCAN	PATIENT PREP	CPT CODE
Whole Body	Melanoma Unknown Primary Skins lesions	NPO 6 hours No exercise 24 hours prior to exam Fasting blood glucose <150mg/dl	78816
Skull to Thigh	Lung Cancer Lymphoma Breast Cancer Thyroid Cancer SPN Cervical Cancer Ovarian Cancer Colorectal Cancer Head and Neck Cancer Esophagus Cancer Myeloma	NPO 6 hours No exercise 24 hours prior to exam Fasting blood glucose <150mg/dl	78815
Brain	Alzheimer's disease Refractory seizures	NPO 6 hours Hold all medications Fasting blood glucose <200mg/dl	78608
NaF PET Bone Scan (NOPR)	<b>Metastatic Bone Lesions</b> Primary Cancer: Breast Lung Prostate	Hydrate with 16 oz water prior to exam	78816

**Steps to schedule a PET/CT scan:**

- Call 215-481-3377
- Complete registration form and fax with prescription to 215-481-7682
- Patient will be contacted by the PET/CT center and scheduled for appointment
- Results will be faxed 24-48 hours post exam to referring physician
- All diabetic patients must call the PET/CT center 215-481-3377 for preparatory instructions