



# NYU Hospitals Center Clinical Cancer Center

## Diagnostic Imaging

Pre-Auth. Location: NYUMC, Tisch Hospital

PATIENT IDENTIFICATION

### REQUEST FOR PET/CT EXAM

#### PATIENT DEMOGRAPHICS

PATIENT NAME \_\_\_\_\_ PRE-CERT# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MR # \_\_\_\_\_

Patient Diagnosis \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

IS THE PATIENT DIABETIC?  YES  NO  IDD OR  NIDD

Patient History \_\_\_\_\_

Past Radiation Therapy Date: \_\_\_\_\_

Last Chemotherapy Date: \_\_\_\_\_

Past Surgery Date: \_\_\_\_\_

Type of Chemotherapy \_\_\_\_\_

EVALUATE TREATMENT RESPONSE  YES  NO  
(Please fax pertinent Radiology Reports or Lab Reports)

Biopsy Date: \_\_\_\_\_

ANY KNOWN ALLERGIES? \_\_\_\_\_

OTHER PERTINENT INFORMATION \_\_\_\_\_

#### PET/CT EXAM: (PLEASE CHECK APPROPRIATE EXAM)

##### 78814

- Brain Tumor Imaging
- Epilepsy
- Alzheimer's Disease

##### 78815

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Esophageal Cancer
- Head and Neck Cancer
- Lymphoma
- Ovarian Cancer
- Single Pulmonary Nodule
- Thyroid Cancer
- Other - Please indicate Neoplasm \_\_\_\_\_

##### 78816

- Melanoma

Diagnosis

Initial staging

Restaging

Identify biopsy site

Evaluate response of treatment

Differentiate equivocal findings

#### REQUESTING PHYSICIAN INFORMATION

REQUESTING PHYSICIAN (PLEASE PRINT FIRST AND LAST NAME) \_\_\_\_\_

REQUESTING PHYSICIAN TELEPHONE NUMBER \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

160 East 34th Street, New York, NY 10016

To schedule an appointment please call 212-731-5001 Fax (212) 731-5567

## PET/CT QUICK REFERENCE GUIDE

### REASONS TO ORDER A PET/CT SCAN

CMS has approved PET/CT studies for the following sites of malignant disease: Non-Small Cell Lung Cancer, Lymphoma, Melanoma, Colorectal Cancer, Head/Neck Cancer, Esophageal Cancer, Breast Cancer, Papillary Thyroid Cancer and Cervical Cancer. The value of PET/CT in other malignant processes has been proven in medical literature, but is currently pending approval by CMS. In these cases, approval of a PET/CT scan from an insurance provider may be possible by written requests from the referring or treating physician.

#### The reasons for PET/CT studies are the following:

- Staging or Restaging malignant disease and metastases.
- Evaluation of therapy response.
- Differentiation of recurrent or residual malignant disease from therapy-induced changes or post-surgical changes.
- Monitoring therapy response.
- Guiding radiation therapy planning.
- Determination of biopsy sites.
- Grading of malignant brain lesions.
- Differentiation of fronto-temporal dementia vs. Alzheimer's disease.

### HOW TO PREPARE YOUR PATIENT

- The evening before the scan, instruct them to have a **Low Carbohydrate dinner**.
- The **day of** the scan, instruct them to have nothing to eat or drink (except water) **4 hours before their scan**.  
\*If their scan is a late afternoon appointment, a light low carbohydrate breakfast is okay.
- Patients should not have caffeine, nicotine or alcohol the **day before** or the **day of** their scan. **The patient should not engage in any strenuous activities (e.g., Do not go to the gym to workout).**
- **Hydration** is important in PET/CT Scanning. Instruct your patients to **drink** a minimum of **16oz of water** the **day before** and the **day of the exam** after the procedure is completed.
- If your patient is a **Diabetic**, we will schedule their appointment in the afternoon. Instruct them to **take their oral diabetic meds or insulin** in the morning and have a **light low carbohydrate breakfast**, then **remain NPO**.
- For disease of the **Head/Neck regions**, or for very **anxious patients**, you may prescribe a single dose of **Valium or a muscle relaxant** for the patient to take the day of their PET/CT scan. In such cases, arrangements should be made to have someone provide the patient with transportation.
- Inform your patient they should expect to be with us for **2-3 hours**.

### IMPORTANT INFORMATION TO INCLUDE IN YOUR ORDERS

- Your patient's diabetic status.
- Stage or Grade of disease.
- Most recent type and date of radiation therapy, chemotherapy, or surgery.
- Pertinent prior radiological findings, or previous PET findings.
- Pertinent laboratory findings.

**To aid in the accurate interpretation of the PET/CT scan, an adequate patient history is very important.**

### THE NYU CLINICAL CANCER CENTER OFFERS:

- Functional and anatomical combined imaging using a Siemens Biograph PET/CT
- 6 Slice CT capability
- 3D PET Scanning capability



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2nd Floor  
New York, NY 10016

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