

IMAGING PROCEDURE REQUEST

APPOINTMENT LINE: (501) 624-7700 FAX: (855) 226-1475 GenesisCancerBlood.com/Diagnostic-Imaging

Patient Name _____ SSN _____ DOB _____

Home Phone # _____ Other Phone # _____

CD of Images Requested: Yes No

(Genesis will schedule patient's appointment and notify Referring Physician via fax or email)

Insurance: Medicare Medicaid Private Carrier _____

ICD-10 Diag Code (**required**) _____ Diag Description _____

Date of next follow-up visit with Referring Physician _____

Previous Studies: PET CT MRI Nuclear Med Other _____

PLEASE INCLUDE IMAGING REPORTS, LABS, OFFICE NOTES, AND PRE-AUTH WITH FAX REQUEST.

CT (CAT) SCAN:

- | | | |
|---|---|---|
| <input type="checkbox"/> WITH I.V. CONTRAST | <input type="checkbox"/> Head or Brain | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> WITHOUT I.V. CONTRAST | <input type="checkbox"/> Neck - Soft Tissue | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> WITH AND WITHOUT I.V. CONTRAST | <input type="checkbox"/> Sinuses | <input type="checkbox"/> Lumbar Spine |
| | <input type="checkbox"/> Thorax (Chest) | <input type="checkbox"/> CT Angiography |
| | <input type="checkbox"/> Abdomen Only | Specify Site _____ |
| | <input type="checkbox"/> Pelvis Only | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Abdomen/Pelvis | |

PET/CT: PREVIOUS PET? NO YES **DATE:** _____

ONCOLOGY

- 78815 Standard PET/CT: Skull-to-Thigh (for most oncology PET/CT scans) Include A9552 on Pre-Auth
- 78816 Whole-body PET/CT (typical for melanoma) Include A9552 on Pre-Auth
- 78815 Pylarify PSMA PET/CT (Prostate Staging or Restaging) Include A9595 on Pre-Auth
- 78815 NetSpot (A9587) or DetectNet (A9592) PET/CT (for neuroendocrine tumors) Include A-code on Pre-Auth
- Diagnosis/Initial Staging Restaging/Post-Treatment/Treatment Monitoring

NEUROLOGY

- 78608 FDG Brain PET/CT (Dementia vs. Alzheimer's Disease) Include A9552 on Pre-Auth
- 78814 Amyvid PET/CT Study (CLINICAL TRIAL ONLY) Include A9586 on Pre-Auth
(Clinical Trial List Name _____)

Ref Phys _____ Signature _____ Date _____

Ref Office Contact _____ Ref Off Phone _____ Ref Fax _____

PREPARATION INSTRUCTIONS FOR ADULT PATIENTS

****If Diabetic or Allergic to Contrast/Shellfish/Iodine, Please Call for Instructions**

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ALL PATIENTS

- Wear warm, comfortable clothing with no metal (zippers, rivets) or jewelry

CT SCAN

Contrast CT's:

- Nothing to eat or drink 4 hours prior to exam

All Other Non-Contrast CT's:

- No restrictions

PET/CT SCAN

FDG PET/CT for Oncology and Neurology:

- Nothing to eat or drink 4 hours prior to exam other than water
- Take any medications you need to take - BUT WITH WATER ONLY
- No physical exercise 24 hours prior to exam
- Eat low carbohydrate meals 24 hours prior to exam. Avoid white bread, cereals, potatoes, desserts, fruits/fruit juices, sports drinks, sugary soft drinks, candy, coffee/tea with sugar, etc.
- Please call Genesis at (501) 624-7700 for further instructions if you are Diabetic

Pylarify PSMA PET/CT Scan:

- No restrictions. Drink at least 2 full glasses of water the morning of your exam
- No physical exercise 24 hours prior to exam

Map to Genesis Cancer and Blood Institute PET/CT Center

**133 Harmony Park Cir.
Hot Springs, AR 71913
P: (501) 624-7700
F: (855) 226-1475**

APPOINTMENT:

Date _____

Time _____

