



Physician Order Form for PET CT Imaging

Scheduling: 515-415-4881 or 515-415-4882 • Fax: 515-226-8408

www.iowaradiology.com

Iowa Radiology Waukee – 2515 Grand Prairie Parkway, 1st Floor, Waukee, IA 50263

PATIENT'S NAME _____ DOB _____

PT'S PHONE # _____ MALE FEMALE

PREGNANT: Yes No N/A HEIGHT _____ WEIGHT _____ LBS

INSURANCE PLAN (primary) _____

(secondary) _____

Member Insurance Number _____

AUTH#/PRE-CERT# _____

ORDER DATE _____

DIAGNOSIS/HISTORY _____

ICD-10 CODE _____ ORDER DX _____

ORDERING PHONE # _____ FAX# _____

Other prior imaging: (Check all that apply) CT MRI US None Other _____

Where prior Imaging was done _____

Diabetic: Yes No Renal Disease: Yes No Claustrophobic: Yes No If yes, Rx Anxiolytics

Needs physical assistance: _____ Difficult IV Start CT Contrast / Iodine Allergy

Central Line: Port PICC Needs interpreter – Language: _____

Results needed for next appointment? Yes No If yes, appointment: Date/Time: _____

Additional information: PET/CT table limit is 500 lbs.

REMINDERS:

- Please confirm the authorization of the requested exam(s) has been obtained by the ordering clinic prior to the appointment. Or indicate if the prior authorization needs to be performed. If so, scheduling may be delayed.
- **Anxiolytics for Claustrophobia / PTSD: If your patient requires oral anxiolytics, please order these to be picked up from their local pharmacy.**
- Patient must bring a responsible person with them to supervise children and/or service animals that may be with them during their appointment.

Prior PET/CT Exam: Yes No

Location of Prior Imaging: _____

78816 Whole Body PET/CT (Melanoma, Multiple Myeloma, Merkle Cell Carcinoma)

___ *Initial treatment strategy*

___ *subsequent treatment strategy*

Please identify primary cancer:

78815 Skull Base to Mid-Thigh PET/CT

___ *Initial treatment strategy*

___ *subsequent treatment strategy*

Please identify primary cancer:

78815 PSMA PET/CT (Pylarify) for Prostate CA – currently working on getting this set up

___ *Initial treatment strategy – if initial Gleason Score must be at least 4+3 with an increasing PSA*

with suspected metastasis who are candidates for initial definitive therapy

___ *subsequent treatment strategy*

with suspected recurrence based on elevated serum (PSA) level

78814 PET/CT Brain (Amyvid)-Not currently offered but will in the very near future.

78815 PET/CT Ga-68 DOTATATE Used for neuroendocrine tumors, typically they must be biopsy proven for insurance prior-authorization. No treatment within 30 days of scan.

___ *Initial treatment strategy*

___ *subsequent treatment strategy*

CLINICIAN SIGNATURE _____

PRINT NAME _____

DATE _____

Please send a signed copy of this form via FAX to 515-226-8408

Thank you for choosing Iowa Radiology

Our goal is to provide your patients with excellent care. If there is something we can do to accommodate their special needs, please let us know. Patients can provide their email address at the time of scheduling or at check-in to provide feedback on their experience.