



2211 Moorpark Avenue, Suite 220 • San Jose, CA 95128 • Tel (408) 297-8844 • Fax (408) 297-8220

Patient: _____ DOB: ____/____/____ Date: ____/____/____
LAST FIRST
 Weight: _____ M / F Patient Tel: _____
 Referring MD: _____ Tel: _____ Fax: _____
 UPIN/NPI: _____ Insurance Co: _____
 ICD-10 Code / Primary Diagnosis: _____ Please Attach Authorization

PATIENT SHOULD BRING RECENT CT/MRI FILMS

PLEASE INCLUDE THE FOLLOWING:

1. Patient information / registration sheet
2. Insurance cards / front and back
3. Recent CT / MRI / Pathology reports
4. History / Comments _____

PLEASE SELECT ONE:

- ☐ Diagnosis ☐ Staging ☐ Restaging ☐ Monitoring
- Is the patient diabetic? ☐ Yes ☐ No
- ☐ Oral Meds ☐ Insulin
- Is the patient claustrophobic? ☐ Yes ☐ No

REPORT INFORMATION

- ☐ STAT
- ☐ Wet Read. Phone #: _____
- ☐ CC: _____

Notes: _____

- ☐ CD patient hand carry

TRACER

- | | |
|--|--|
| <input type="checkbox"/> GENERAL - FDG | <input type="checkbox"/> NEUROENDOCRINE - DETECT NET (Cu - 64) |
| <input type="checkbox"/> BREAST - CERIANNIA | <input type="checkbox"/> ALHEIMIZERS - BRAIN - BETA AMYLOID |
| <input type="checkbox"/> PROSTATE | <input type="checkbox"/> BONE - SODIUM FLOURIDE (NaF - 18) |
| <input type="checkbox"/> PSMA <input type="checkbox"/> AXUMIN (F - 18) | |

PET / CT COMBO - PET/CT WITH DIAGNOSTIC CT

PET/CT WITH DIAGNOSTIC CHEST CT ALLOWS COMPLETE EVALUATION OF THE CHEST FOR NODULES AND PARENCHYMAL DISEASE

- | | |
|--|---|
| <input type="checkbox"/> Skull to Thigh - CT Chest W/O Contrast
CPT 78815 / 71250 | <input type="checkbox"/> Skull to Toes - CT Chest W/O Contrast
(Sarcoma/Myeloma/Melanoma)
CPT 78816 / 71250 |
|--|---|

PET / CT - PET/CT WITHOUT DIAGNOSTIC CT

- | | | |
|--|---|---|
| <input type="checkbox"/> Skull to Thigh
CPT 78815 | <input type="checkbox"/> Skull to Toes
(Sarcoma/Myeloma/Melanoma)
CPT 78816 | <input type="checkbox"/> Brain
CPT 78608 |
|--|---|---|

PET / CT - BETA AMYLOID

- ☐ PET/CT LIMITED CPT 78814 / Q9983 - 8.1 MCI

NUCLEAR MEDICINE

- | | |
|---|--|
| <input type="checkbox"/> Bone Scan - Whole Body
CPT 78306 | <input type="checkbox"/> 3 Phase Bone Scan (specify area)
CPT 78315 |
| <input type="checkbox"/> Bone Scan - Multiple Views (specify area)
CPT 78305 | |

CT

With Contrast:

- | | |
|---|--|
| <input type="checkbox"/> Brain - CPT 70460 | <input type="checkbox"/> Sinus - CPT 70487 |
| <input type="checkbox"/> Neck - CPT 70491 | <input type="checkbox"/> Temporal Bones /
Mastoid - CPT 70481 |
| <input type="checkbox"/> Abdomen - CPT 74160 | <input type="checkbox"/> Chest - CPT 71260 |
| <input type="checkbox"/> Pelvis - CPT 72193 | |
| <input type="checkbox"/> Abdomen & Pelvis - CPT 74177 | |

Without Contrast:

- | | |
|---|--|
| <input type="checkbox"/> Brain - CPT 70450 | <input type="checkbox"/> Sinus - CPT 70486 |
| <input type="checkbox"/> Neck - CPT 70490 | <input type="checkbox"/> Temporal Bones /
Mastoid - CPT 70480 |
| <input type="checkbox"/> Abdomen - CPT 74150 | <input type="checkbox"/> Chest - CPT 71250 |
| <input type="checkbox"/> Pelvis - CPT 72192 | |
| <input type="checkbox"/> Abdomen & Pelvis - CPT 74176 | |

With and Without Contrast:

- | | |
|---|--|
| <input type="checkbox"/> Brain - CPT 70470 | <input type="checkbox"/> Sinus - CPT 70488 |
| <input type="checkbox"/> Neck - CPT 70492 | <input type="checkbox"/> Temporal Bones /
Mastoid - CPT 70482 |
| <input type="checkbox"/> Abdomen - CPT 74170 | <input type="checkbox"/> Chest - CPT 71270 |
| <input type="checkbox"/> Pelvis - CPT 72194 | |
| <input type="checkbox"/> Abdomen & Pelvis - CPT 74178 | |

BUN and Creatinine needed for exams with contrast

Labs must be within 30 days. Please fax current labs.

BUN: _____ Creatinine: _____

Is the patient allergic to iodine? ☐ Yes ☐ No

Any known allergies to medications?

☐ Yes ☐ No

If so, what? _____

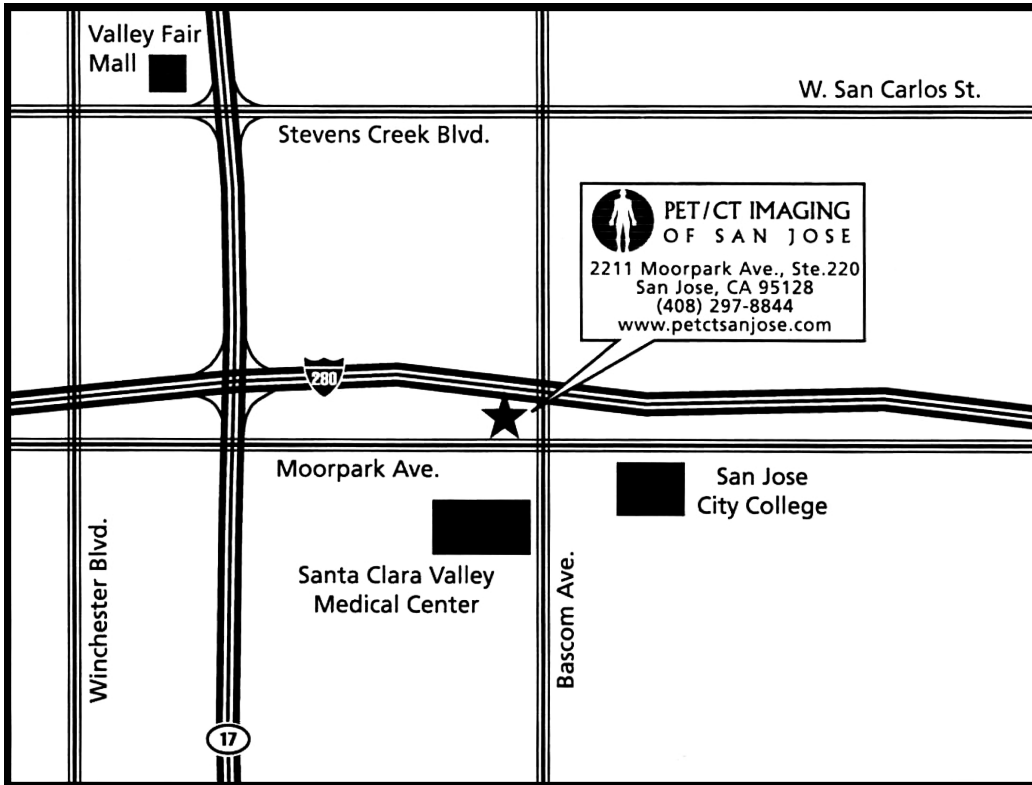
Physician Signature: _____ Date: ____/____/____



**PET/CT IMAGING
OF SAN JOSE**



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Directions from:

680/280 (Milpitas):

Take the Bascom/Leigh Ave. Exit. Turn left onto Bascom Ave. Turn right onto Moorpark Ave.

280 (San Francisco):

Follow I-280 South toward San Jose. Take the Campbell/Winchester Exit. Turn left onto Moorpark Avenue.

101 (San Francisco):

Follow 101 South to I-880/Hwy 17 South Exit. Follow I-880 South. Take Bascom Ave. Exit. Turn left onto Bascom Ave. Turn right onto Moorpark Ave.

880/17 (Santa Cruz):

Follow CA-17 North toward San Jose/Oakland. Take the I-280 North / Stevens Creek Blvd. Exit toward W. San Carlos Street. Take the exit onto Stevens Creek Blvd. Turn right onto S. Bascom Ave. Turn right onto Moorpark Ave.

880 (Oakland):

Follow I-880 South. Take the Bascom Ave. Exit. Turn left onto Bascom Ave. Turn right onto Moorpark Ave.

PET/CT PREPARATION INSTRUCTIONS FOR FDG SCAN

DO NOT eat or drink, except water, 6 hours before the exam.

- This is very important! This includes no gum, mints, no crackers, no soft drinks, no juice, and no applesauce.
- Eat a light dinner the night before.
- You may have as much water as you like.

Please be on time.

- Your dose is calibrated for your time of arrival. If you are late, or miss your appointment, your dose becomes unusable. It is very expensive, and you will be liable for the charge.

Wear warm, comfortable clothes: Sweats, socks, long-sleeve shirt.

- You may be asked to change into a gown.

Do not alter your medication without checking with your doctor.

- Pain medication and anti-anxiety pills are of course permitted.
- Please be aware that this exam takes almost 2 hours. Approximate time on the camera is 1/2 hour.
- Please, if you have any questions, do not hesitate to call (408) 297-8844.

ARRIVE 30 MINUTES PRIOR TO APPOINTMENT TIME

**FOR PHYSICIAN
USE ONLY**



You may submit this form online at our secure submission portal by simply scanning this QR code.