

PET/CT Physician Referral Form

Scheduling:
214-820-1700 voice
214-820-6088 fax

Patient Information

Patient Name: _____ DOB: _____ SS#: _____
Sex: Male () Female () Home Phone: _____ Work or Cell Phone: _____

Physician Information

Physician Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Physician Signature (no stamps): _____ Date: _____ Time: _____

Insurance Information

Primary Insurance Carrier: _____ Phone: _____
Member ID #: _____ Group #: _____ Precertification #: _____
Insured Name: _____ Insured DOB: _____
Secondary Insurance Carrier: _____ Phone: _____
Member ID #: _____ Group #: _____ Precertification #: _____

Procedure Information *PET Scan utilizing an integrated PET/CT scanner - CPT Codes listed in Bold*

- 78815** Standard Body (eyes to thigh protocol) **78459** Myocardial Viability
 78816 Whole Body (head to toe protocol) **78814** Limited area as noted: _____
 78608 Brain - Alzheimer's, Dementia,
Seizure Disorders, Brain Metabolic Evaluation

ICD-9 / Diagnosis Code (required): _____ Appointment Date: _____ Appointment Time: _____
Clinical Diagnosis/Reason for Exam: _____

Clinical Reason for ordering PET Scan

- Diagnosis Staging (pre-treatment)
 Restaging (post-treatment)
Re-staging: Using PET/CT after an entire course of therapy is completed to see if the treatment worked or if there is a persistent disease. Restaging should be used when a physician is trying to identify a recurrence. Treatment Monitoring/Treatment Assessment
Treatment Assessment: Using PET/CT to scan a patient during a planned course of chemotherapy or radiation therapy to see if the therapy is working and determine if the patient should continue on the same course of therapy.
 Characterization of a Solitary Pulmonary Nodule Radiation Therapy Treatment Planning

Questions

Is patient currently undergoing a planned course for therapy? Yes No Chemotherapy Radiation Therapy
When is the patient's next treatment? _____ Not applicable
Has the patient had a previous PET or PET/CT scan? Yes No If yes, list when and where: _____

Legend: DOB: Date of Birth SS: Social Security PET: Positron emissions tomography CT: Computed tomography CPT: Current procedure terminology ICD-9: International certification of diseases
BUMC: Baylor University Medical Center BDIC: Baylor Diagnostic Imaging Center

Received Order by the Scheduling Department:

Date: _____ Time: _____

BAYLOR UNIVERSITY MEDICAL CENTER
DALLAS, TEXAS



50475 (Rev. 04/10)

SCHEDULING REQUEST AND ORDER FORM

PET/CT Test Preparations

The Day Before your PET/CT Scan

- Do not eat anything after midnight on the night prior to your PET/CT scan, unless you are instructed otherwise.
- If you are diabetic or have other problems with your blood sugar, please call our office at 214-820-6900 to discuss special instructions.
- Unless you are on fluid restriction, please drink at least 8 glasses of water the day before your scan. It is important that you stay hydrated.
- Avoid all beverages with caffeine and sugar.
- Avoid strenuous exercise or physical activity for 24 hours before your appointment.
- Follow the special diet as noted below.

Follow a Special Diet

In addition to the instructions noted above, the quality of your scan may be improved if you eat a low-carbohydrate diet for at least 24 hours before your appointment.

- **You may enjoy** a variety of proteins and vegetables, such as:
 - Chicken or fish without breading
 - Pork, including bacon or ham
 - Beef
 - Tofu
 - Eggs/cheese/milk
- Most salad dressings (Check label for those under 5 grams of carbohydrates)
- Non-starchy vegetables, such as lettuce, tomatoes, peppers, green beans, broccoli, cauliflower, asparagus, mushrooms, peas, greens, spinach.
- **Please avoid** sugars and carbohydrates, such as:
 - Fruit and Fruit Juice, Jelly, Bread/Rolls/Cakes, Tortillas/Rice/Pasta, Yogurt, Cereal/Oatmeal, Chips/Crackers/Popcorn, Desserts/Candy, Pizza Dough/Breading on Fried Foods, Potatoes/Corn/Onions/Carrots, Soft Drinks/Coffee, Alcoholic Beverages/Beer/Wine

The Day of Your PET/CT Scan

- Do not eat or drink anything except water within at least 6 hours of your appointment. If your scan is scheduled in the afternoon, you may have a light breakfast early in the morning. (Remember to avoid carbohydrates, as outlined above.)
- Unless you are on fluid restrictions, drink 2 glasses of water the morning of your scan. If your scan is scheduled in the afternoon, please drink several additional glasses of water before your scan. Remember, it's important to stay hydrated.
- Take your prescribed medications the day of the exam, unless your physician tells you otherwise. If you are taking insulin or other diabetic medications, please call our office at 214-820-6900 to discuss special instructions.
- Wear comfortable clothing. Wear a minimum amount of metallic jewelry.
- Please **bring your current insurance card, driver's license or photo identification, and co-payment or deductible, to your appointment.**
- Please arrive on time for your scheduled appointment. The substance used in a PET/CT scan is very time-sensitive, so it is important for you to arrive on time to help ensure the most accurate scan possible.

Baylor Diagnostic Imaging Center at Junius

Address: Baylor Medical Pavilion

3900 Junius Street, Suite 100, Dallas, Texas 75246
(214) 820-6900 Phone, (214) 820-6902 Fax

Parking: Parking is available in the Baylor Medical Pavilion parking garage. Valet parking is available.

Appointments: Monday - Friday. 7:30 a.m. - 5 p.m.

DRIVING DIRECTIONS

From South Dallas:

1. Merge onto US-75 N
2. Take EXIT 1 toward HALL AVE EAST/ LEMMON AVE
3. Turn RIGHT at HASKELL AVE
4. Turn RIGHT at JUNIUS
5. Baylor Medical Pavilion is on your LEFT on the northeast corner of Washington and Junius

From North Dallas:

1. Merge onto US-75 S
2. Take EXIT 1B toward HASKELL AVE- BLACKBURN ST/ LEMMON AVE
3. Turn LEFT at HASKELL AVE
4. Turn RIGHT at JUNIUS
5. Baylor Medical Pavilion is on your LEFT on the northeast corner of Washington and Junius

