

## PET/CT Worksheet for UnityPoint Health St. Luke's Hospital

Name: \_\_\_\_\_ Exam Date \_\_\_\_\_

DOB: \_\_\_\_\_ MR# \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_

Phone # where patient can be reached: \_\_\_\_\_ Pregnant or Nursing:  Yes  No  NA

Diagnosis: \_\_\_\_\_

Whole body (Melanoma, Myeloma, F-18 NaF PET/CT Bone Scan) CPT Code 78816

Base of Brain to Mid Thigh (BBMT) CPT Code 78815

Limited (Brain) CPT Code 78814

PI-Initial Treatment Strategy     PS-Subsequent Treatment Strategy

NOPR (F-18 NaF PET/CT Bone Scan)

Chemotherapy: \_\_\_\_\_ Dates: \_\_\_\_\_

Radiation Therapy: \_\_\_\_\_ Dates: \_\_\_\_\_

Biopsy or Surgery: \_\_\_\_\_ Dates: \_\_\_\_\_ Pathology: \_\_\_\_\_

Other: \_\_\_\_\_ Dates: \_\_\_\_\_

Is the patient Diabetic?  Yes     No

Insulin dependent \_\_\_\_\_ Type of Insulin \_\_\_\_\_

Oral Medication \_\_\_\_\_ List of meds \_\_\_\_\_

Diet Controlled \_\_\_\_\_

Has patient had barium studies in past 7 days?     Yes     No

Is the patient claustrophobic?     Yes     No

**If Yes, please call a medication order to Imaging Services Nursing at 319-369-8932**

Previous Studies	X-rays	CT	MRI	US	NM
Date					
Where performed					

**Number of Previous PETS/CT's for the same diagnosis** \_\_\_\_\_

Date:				
Where Performed				

**Does the patient need Pre-Authorization from Insurance?**  Yes     No

Pre-Authorization Help: Please call (319) 369-7841

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Has the patient been NPO (water only) for at least 4 hours?     Yes     No

Has patient been inactive today?     Yes     No

**Blood sugar Results** \_\_\_\_\_ Time Blood Sugar was taken \_\_\_\_\_

Injection Site \_\_\_\_\_

Pre-Inject dose \_\_\_\_\_ mCi    Time \_\_\_\_\_

Injection Time \_\_\_\_\_

Residual dose \_\_\_\_\_ mCi    Time \_\_\_\_\_

**Total dose injected** \_\_\_\_\_ mCi

**Time between injection and scan** \_\_\_\_\_

Please fax this worksheet, physician order, and current H&P to 319-368-5616; Attention Nuclear Medicine.