Lifespan Medical Imaging
Rhode Island Hospital
Delivering health with care®

PET/CT Order Sheet

Scheduling: 401-444-7770
Fax: 401-444-7779

APPOINTMENT SCHEDULED FOR: _____/_____
Date Time

PATIENT INFORMATION

First Name: _____ Last Name: _____

DOB: _____ Primary Phone: _____

Male ☐ Female ☐ **Patient Height :** _____ **Patient Weight :** _____ **(Needed to order Radiopharmaceutical)**

Insurance Plan: _____ Plan #: _____ Pre-Auth #: _____

Worker's Compensation: Yes ☐ No ☐ If yes, Employer Name: _____ Employer Phone #: _____

PHYSICIAN INFORMATION

Ordering Provider: _____ cc: _____

Office Phone: _____ Cell Phone: _____ Pager #: _____

Signs/Symptoms /Reasons for Exam (REQUIRED): _____

ICD 10 Codes (REQUIRED): _____

Clinical Decision Support G Code: _____ Clinical Decision Support Modifier: _____

Primary Care Physician Name: _____

Provider Signature: ** _____ Date: _____

****MUST BE ORIGINAL SIGNATURE ; STAMPED SIGNATURES NOT ACCEPTED**

PATIENT HEALTH HISTORY QUESTIONS :

ALLERGIES	☐ NO	☐ YES	☐ IF YES, SPECIFY _____
PREGNANCY / BREAST FEEDING	☐ NO	☐ YES	
PRECAUTIONS	☐ NO	☐ YES	IF YES, TYPE : _____
PRIOR CT or PET STUDIES	☐ NO	☐ YES	☐ RIH/TMH/RIMI/SHIELDS/NEWPORT ☐ OUTSIDE : _____
DIABETIC	☐ NO	☐ YES	☐ INSULIN
XRT / SURGERY	☐ NO	☐ YES	☐ TYPE : _____

EXAM REQUESTED : CHECK ONLY ONE EXAM

BRAIN
☐ Seizure
☐ Dementia

CARDIAC
☐ Myocardial viability
☐ Cardiac Sarcoid

ESOPHAGEAL CANCER
☐ Staging, Initial
☐ Restaging

THYROID CANCER
☐ Staging
☐ Restaging

MELANOMA
☐ Staging, Initial
☐ Restaging

HEAD & NECK CANCER
☐ Staging, Initial
☐ Restaging

LYMPHOMA
☐ Staging, Initial
☐ Restaging

MYELOMA
☐ **Staging, initial**
☐ Restaging

BREAST CANCER
☐ Staging for distant metastatic disease
☐ Restaging
☐ Therapeutic Response Monitoring

LUNG CANCER (non-small cell)
☐ NSCLC Initial Staging
☐ NSCLC Restaging

COLORECTAL CANCER
☐ Staging, Initial
☐ Restaging

☐ **SOLITARY PULMONARY NODULE**
* nodule must be greater than or equal to 7mm

OVARIAN CANCER
☐ Staging
☐ Restaging

CERVICAL CANCER
☐ Staging
☐ Restaging

PROSTATE PSMA IMAGING
☐ Staging
☐ Restaging

NEURO ENDOCRINE DOTATATE IMAGING
☐ Staging
☐ Restaging

☐ **OTHER** _____