



**Baystate  
Health**



**OUTPATIENT CENTER**

**80 Wason Avenue, Springfield, MA 01107**

**PET/CT Written Order Form**

**F18- FDG Imaging**

To schedule PET/CT studies please

Call: 1-866-258-4PET (4738) or

Fax: 1-888-662-4700

Tax ID: 04-3454301

NPI: 1558310674

**PATIENT INFORMATION**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Weight: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Authorization: \_\_\_\_\_ Valid Dates: \_\_\_\_\_ Translation Services Needed? YES NO

**Requested Procedure**

**78815 – Skull Base to Mid Thigh**

- Solitary Pulmonary Nodule (8mm or larger)
- Lung Cancer
- Lymphoma
- Colorectal Cancer
- Esophageal Cancer
- Head & Neck Cancer
- Breast Cancer
- Thyroid Cancer
- Ovarian Cancer
- Tumor Imaging (Please indicate the tumor type)
- Bladder Cancer with Lasix
- Bladder Cancer without Lasix

**78816 – Whole Body**

- Melanoma
- Myeloma
- Sarcoma

**78608 – Metabolic Brain**

- Evaluation of tumor recurrence
- Refractory Seizures
- Alzheimer's disease (additional form required)

**78814 – Limited Area**

- 18F-FDG
- 18FSodiumFluoride (bone imaging)

**Please select one:**

- Initial Treatment (Initial Staging)
- Subsequent Treatment (Restaging)

Diagnosis (ICD-10 codes): \_\_\_\_\_

Facility location of previous CT/MRI: \_\_\_\_\_

Does patient have history of prior cancer? \_\_Yes \_\_No If yes, explain type and location of cancer: \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_ Fax #: \_\_\_\_\_

Physician's NPI: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

*By signing this request form, I acknowledge full responsibility for the information that must be completed and maintained in this patient's medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review.*

**PLEASE HAVE PATIENT BRING ANY PREVIOUS CT, MRI, PET FILMS WITH THEM TO THEIR APPOINTMENT.**