

## Weatherhead PET Center – Cardiac PET Scan Order Form

Patients Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_ Best # to call \_\_\_\_\_

Insurance: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

**\*\*\*Fax insurance information with this form.**

\*\*\*Referring M.D.: \_\_\_\_\_ Pager: \_\_\_\_\_ NPI # \_\_\_\_\_

Referring Physician's Signature: \_\_\_\_\_

**Mailing address to send report:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ pager \_\_\_\_\_

### \*\*\*Type of P.E.T.: (check one)

\_\_\_\_ Rest/Stress Perfusion only CPT code 78492

\_\_\_\_ Rest Perfusion with Viability FDG CPT code 78491 and 78459

\_\_\_\_ Rest and Stress Perfusion with Viability FDG CPT code 78492 and 78459

When does P.E.T Scan need to be completed First Available \_\_\_\_\_ Clinically urgent \_\_\_\_\_?

Reason for PET Scan (clinical question): \_\_\_\_\_

**Please obtain a prior authorization, since most insurance companies will not cover this procedure unless prior authorization is obtained.**

Date of last clinical visit- \_\_\_\_\_

Blood pressure- \_\_\_\_\_ HR \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

Cholesterol panel- Total Chol. \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_ TRIG \_\_\_\_\_

Does patient have diabetes Mellitus? No \_\_\_\_\_ Yes \_\_\_\_\_

Is Doctor ruling out need for revascularization? \_\_\_\_\_

What cardiac imaging has been performed in the last year?

Has patient had any stress testing that was found inconclusive?

Does the patient have asthma/emphysema or take bronchodilators/inhalers? No \_\_\_\_\_ Yes \_\_\_\_\_

Is the patient over 350 lb? No \_\_\_\_\_ Yes \_\_\_\_\_

### \*\*\*Primary Diagnosis: (Must be completed – check all that apply.)

\_\_\_\_ 410.90–410.92 I21.3 acute myocardial infarction, unspecified site

\_\_\_\_ 412 I25.2 Old myocardial infarction

\_\_\_\_ HX PTCA/Stents

\_\_\_\_ HX CABG Surgery

\_\_\_\_ 414.00 I25.9 Coronary atherosclerosis

\_\_\_\_ 428.0–428.1 I50.9 Heart Failure

\_\_\_\_ 786.50–786.51 R07.9 Chest pain

\_\_\_\_ Other nonspecific abnormal findings on radiological and other examinations of body structure

\_\_\_\_ 794.31 R94.31 abnormal electrocardiogram

\_\_\_\_ 250.00 E11.9 Diabetes

Please list any DX not listed \_\_\_\_\_

**Fax This Form, Insurance Info, Recent H & P, Lipid Profile, And Any Other Cardiac Test Results To (713) 500-6615. We Will Contact Patient for Scheduling and Instructions. Phone Number: (713) 500-6611, ext. 2.**

Person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_ fax \_\_\_\_\_