

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 or both) ___ Rest/Stress Perfusion ___ Viability FDG

When does P.E.T Scan need to be completed First Available _____ Clinically urgent _____

Reason for PET Scan (clinical question): _____

Is the patient over 350 lb? yes _____ No _____

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

___ 410.90–410.92 Acute myocardial infarction, unspecified site

___ 412 Old myocardial infarction

___ HX PTCA/Stents

___ HX CABG Surgery

___ 414.00 Coronary atherosclerosis

___ 428.0–428.1 Heart Failure

___ 786.50–786.51 Chest pain

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

___ 794.31 Abnormal electrocardiogram

___ 250.00 Diabetes

Please list any DX not listed _____

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

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

Person completing form: _____ Phone: _____ fax _____