

MRN: _____
Patient Name: _____

(Patient Label)

Santa Monica: 1245 - 16th Street, Suite 105, Santa Monica, CA, 90404 - Phone: (310) 319-4970 Fax: (310) 319-4980
Westwood: 200 Medical Plaza, Suite B114, Los Angeles, CA, 90095 - Phone: (310) 794-1005 Fax: (310) 267-0227

UCLA PET/CT REQUEST FORM

Date of Request: _____

Height: _____ in cm Weight: _____ kg lbs

Iodine or other Allergies: _____

Primary Diagnosis: _____ ICD9: _____

Pertinent clinical history _____

Purpose of PET/CT

Please specify one: Initial Treatment Strategy Subsequent Treatment Strategy

Please select the appropriate procedure:

<input type="checkbox"/> PET/CT (base of skull to upper thigh) and Diagnostic CT <u>with</u> IV contrast of:	CPT: 78815
<input type="checkbox"/> Neck 70491 <input type="checkbox"/> Chest 71260 <input type="checkbox"/> Abd 74160 <input type="checkbox"/> Pelvis 72193 <input type="checkbox"/> Lwr Extrm 73701 <input type="checkbox"/> Upr Extrm 73201	
*For Diagnostic CT, please provide most recent Creatinine Levels: _____ Date: _____	
(Note: Serum Creatinine level within 6 weeks of the scheduled PET/CT scan appointment is required)	
<input type="checkbox"/> PET/CT Brain only	CPT: 78608
<input type="checkbox"/> PET/CT (base of skull to upper thigh) and Diagnostic CT <u>without</u> IV contrast of:	CPT: 78815
<input type="checkbox"/> Neck 70490 <input type="checkbox"/> Chest 71250 <input type="checkbox"/> Abd 74150 <input type="checkbox"/> Pelvis 72192 <input type="checkbox"/> Lwr Extrm 73700 <input type="checkbox"/> Upr Extrm 73200	
(CT without IV contrast because of medical contraindication to IV contrast)	
<input type="checkbox"/> PET/CT (base of skull to upper thigh) CT only for localization and attenuation correction* [WESTWOOD ONLY]	

Referring MD: _____ ID#/UPIN _____

Asst: _____ Phone #: (____) _____ Fax: (____) _____

Address: _____

Patient Insurance: _____ Authorization: _____

NUCLEAR MEDICINE NOTES AND PRESCRIPTIONS

RIS LABEL HERE

Prescription:
Adult Patient: 0.21 mCi/kg 18-FDG up to 22 mCi
Pediatric Patient: 0.14 mCi/kg 18-FDG up to 15 mCi

MD Signature _____
Beeper/ID # _____
Print Name _____
Date/Time _____

Comments: _____