Ahmanson Biological Imaging Center Nuclear Medicine

Patient Name:
MRN:
DOB:

(Patient Label)

Santa Monica: 1245 - 16th Street, Suite 105, Santa Monica, CA, 90404 - Phone: (310) 319-4970 Fax: (310) 319-4980
Westwood: 100 Medical Plaza, Suite 100, Los Angeles, CA, 90095 - Phone: (310) 794-1005 Fax: (310) 267-0227
Westwood: 200 Medical Plaza, Suite B114, Los Angeles, CA, 90095

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:

☐ **PET/CT (base of skull to upper thigh) and Diagnostic CT <u>with</u> IV contrast of:**

☐ **Neck** ☐ **Chest** ☐ **Abd** ☐ **Pelvis** ☐ **Lower Extremities** ☐ **Upper Extremities**

*For Diagnostic CT, please provide most rececent Creatinine Levels: ________ Date: _______________

(Note: Serum Creatinine level within 6 weeks of the scheduled PET/CT scan appointment is required)

☐ **PET/CT Brain only**

☐ **PET/CT (base of skull to upper thigh) and Diagnostic CT <u>without</u> IV contrast of:**

☐ **Neck** ☐ **Chest** ☐ **Abd** ☐ **Pelvis** ☐ **Lower Extremities** ☐ **Upper Extremities**

(CT without IV contrast because of medical contraindication to IV contrast)

☐ **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: ____

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