

PET/CT

Enhancing patient care along the entire cancer care journey.

From initial diagnosis through post-treatment follow-up, our GE Discovery ST scanner can help you help your patients in their fight against cancer. This exciting new technology combines functional information from PET with anatomical information from CT to personalize patient care. Discovery ST offers a more integrated approach to cancer diagnosis and treatment planning. It will help you find cancer earlier, plan more effective treatments, monitor response to therapy and, ultimately, provide the best care possible.

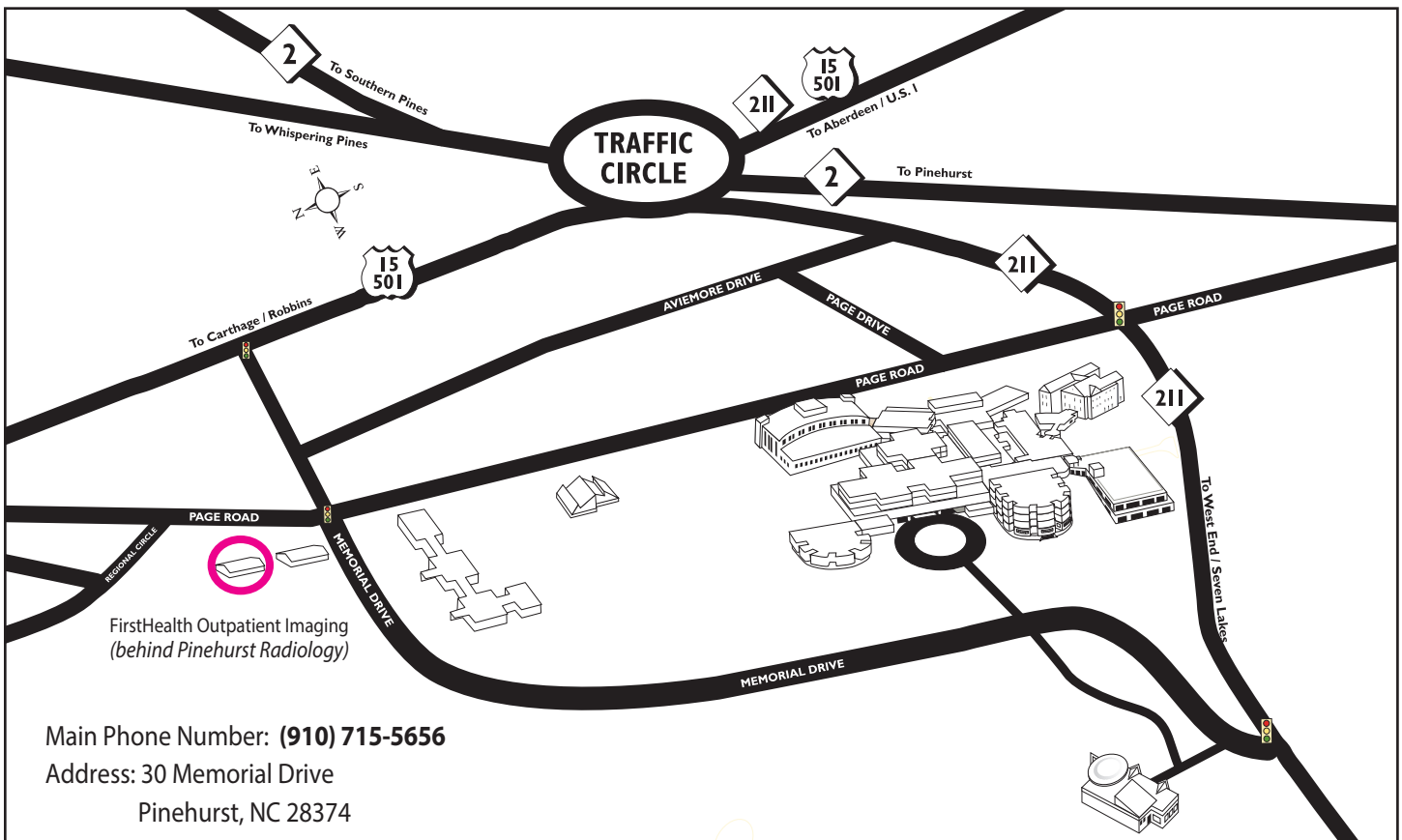
Patient Instructions for PET/CT Scan

The room is kept at 70°, so patient should wear warm, loose-fitting clothing (e.g. sweats, flannel shirt). It will not be necessary for patient to remove any clothing for the scan. Please do not wear jewelry to the exam. Patient should arrive at FirstHealth Outpatient Diagnostics Center located behind Pinehurst Radiology Associates, 30 Memorial Drive, Pinehurst. Please arrive 15 minutes prior to appointment time.

For all PET/CT Studies:

No food or liquid (with the exception of water)
for a minimum of 4 hours prior to arrival for the exam.

- The patient must have had no sugar, including gum and cough drops.
- Insulin is allowable if it can be taken without food.
- Patient should have had no exercise for 12 hours prior to the test.
- Patient should allow 2 hours for the exam.
- The patient must be able to lie flat for 60 minutes.
- All patients will be screened for diabetes.
- Patient may take regular medications as long as they can be tolerated on an empty stomach with water.
- Oral insulin-dependent diabetics should hold off on insulin until after scan.
- Subcutaneous insulin-dependent diabetics should have their last injection 2 hours prior to exam.



PET/CT

Fax this form and supporting documentation to: (910) 715-1177. Questions? Call (910) 715-5656.

Patient Name: _____

Address: _____

Phone (Home) _____ Phone (other) _____

DOB: _____ Gender: _____ Height: _____ Weight: _____

Referring Physician: _____

Previous PET Scan? yes no Where? _____ When? _____

Previous CT or MRI? yes no Where? _____ When? _____

Diabetic? yes no History of Melanoma? yes no

Patients should bring most recent CT & MRI with them.

Insurance Information

Primary Insurance: _____

Secondary Insurance: _____

Authorization Number: _____

TAX ID#: 30-0313534

Appointment Date: _____ Appointment Time: _____

Physician Order

- | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Whole Body, Lung Cancer , SPN | <input type="checkbox"/> Whole Body, Lung Cancer , NSCLC | <input type="checkbox"/> Whole Body, Colorectal Cancer |
| <input type="checkbox"/> Whole Body, Melanoma | <input type="checkbox"/> Whole Body, Lymphoma | <input type="checkbox"/> Whole Body, Esophageal Cancer |
| <input type="checkbox"/> Whole Body, Head & Neck Cancer | <input type="checkbox"/> Whole Body, Breast Cancer | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Other: _____ | | |

Please specify (other exams must consult radiologist)

- Diagnosis Staging Re-Staging

ICD-9 Code: _____

Diagnosis Description: _____

Physician Signature: _____ Date: _____

(required)

FIRST IMAGING
OF THE CAROLINAS

PET/CT Referral Form

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1POREF001

Place Patient Label
Inside This Box

7059.03.15776.00

Sunset Date: 4/2021