FirstImaging

Physicians Order for PET

1POREF001

Place Patient Label
Inside This Box

7059.03.15776.04 Sunset Date: 11/2025

Name:	Sex:	Date of Birth:	Age:	SS#:
Telephone: (Home)	(Work)	(Mobile)	PreCert/Auth#:	
Physician Ph#	Physician Fax#:	Print Name of Physician:		

Physician Signature (Required)_____ **Date/Time (Required):** _____

☐ APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM

Decision Support (AUC) Effective Jan. 1, 2023, PAMA Mandate requirements. **Please provide information below**.

Session ID: Score: Vendor/G-Code: Adherence: ☐Yes ☐No ☐NCA (No Criteria Avail)

Hardship Exception: ☐ Emergent Medical Condition ☐ No Internet ☐ No HER/qCDSM or Technical Issue ☐ Uncontrollable Circumstances ☐ Missing Info

CHECK PROCEDURE AND INSERT ICD-10 CODE

PET	CPT	DX CODE
☐ Diagnosis ☐ Staging ☐ Re-Staging		
☐ Whole Body, Lung Cancer, SPN	78815	
☐ Total Body, Melanoma	78816	
☐ Whole Body, Head & Neck Cancer	78815	
☐ Whole Body, Cancer, NSCLC	78815	
☐ Whole Body, Lymphoma	78815	

PET	CPT	DX CODE
☐ Diagnosis ☐ Staging ☐ Re-Staging		
☐ Whole Body, Breast Cancer	78815	
☐ Whole Body, Colorectal Cancer	78815	
☐ Whole Body, Esophageal Cancer	78815	
☐ Whole Body, Thyroid	78815	
☐ Whole Body, Prostate ☐ PSMA ☐ Axumin	78815	

Call Results to:		After Hours #:	
Comments:			

Previous PET Scan? ☐ Yes ☐ No Where? _____ When? _____

Previous CT or MRI? ☐ Yes ☐ No Where? _____ When? _____

Are you Diabetic? ☐ Yes ☐ No

History of Melanoma? ☐ Yes ☐ No

Patient Instructions

1. Please bring most recent CT & MRI with you.
2. The room is kept at 70°, so wear warm, loose-fitting clothing. Please do not wear any jewelry.
3. No food or liquid (with exception of water) for a minimum of 4 hours prior to arrival, including gum and cough drops
4. Regular medications may be taken as long as they can be tolerated on an empty stomach with water.
5. Everyone will be screened for diabetes
6. Insulin is allowed if it can be taken without food
7. Oral insulin-dependent diabetics should hold off on insulin until after exam.
8. Subcutaneous insulin-dependent diabetics should have the last injection 2 hours prior to exam
9. No exercise 12 hours prior to exam
10. You must be able to lie flat for 20 minutes

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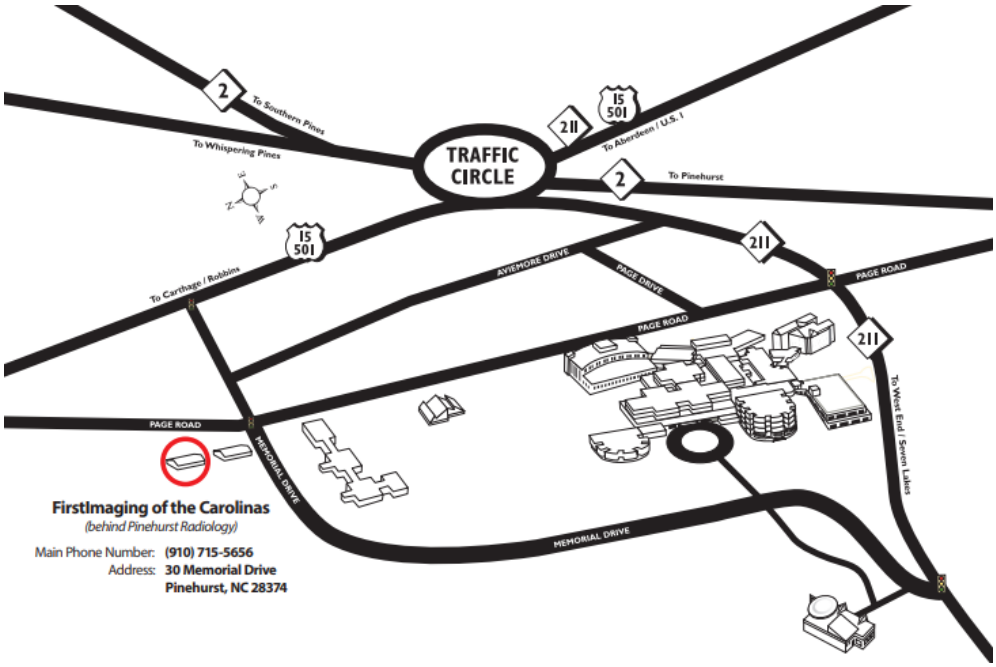
IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION: Day of the week: _____ Preference: ☐Morning ☐Afternoon

Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.

If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

Appointment Date/Time: ☐ Spoke to patient ☐ Left message for Patient ☐ No answer



THANK YOU FOR CHOOSING FIRSTHEALTH MOORE REGIONAL HOSPITAL FOR YOUR HEALTH CARE NEEDS.

ALL PATIENTS

Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.