



IMAGING PROCEDURE REQUEST

APPOINTMENT LINE: (520) 836-9800 FAX: (866) 525-1982
CancerBloodSpecialistsAZ.com/our-services/diagnostic-imaging

Patient Name _____ SSN _____ DOB _____

Home Phone # _____ Other Phone # _____

CD of Images Requested: Yes No

(CBSA will schedule patient's appointment and notify Referring Physician via fax or email)

Insurance: Medicare Medicaid Private Carrier _____

ICD-10 Diag Code **(required)** _____ Diag Description _____

Date of next follow-up visit with Referring Physician _____

Previous Studies: PET CT MRI Nuclear Med Other _____

PLEASE INCLUDE IMAGING REPORTS, LABS, OFFICE NOTES, AND PRE-AUTH WITH FAX REQUEST.

CT (CAT) SCAN:

WITH I.V. CONTRAST

WITHOUT I.V. CONTRAST

WITH AND WITHOUT
I.V. CONTRAST

- Head or Brain
- Neck - Soft Tissue
- Sinuses
- Thorax (Chest)
- Abdomen Only
- Pelvis Only
- Abdomen/Pelvis

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- CT Angiography

Specify Site _____

Other _____

PET/CT: PREVIOUS PET? NO YES **DATE:** _____

78815 Standard PET/CT: Skull-to-Thigh (for most oncology PET/CT scans) Include A9552 on Pre-Auth

78816 Whole-body PET/CT (typical for melanoma) Include A9552 on Pre-Auth

78815 Pylarify PSMA (A9595) or Locametz PSMA (A9800) or Illuccix PSMA (A9596) PET/CT (for prostate cancer)
Include A-code on Pre-Auth

78815 Cerianna PET/CT (for estrogen receptor (ER)+ lesions for recurrent breast mets) Include A9591 on Pre-Auth

78815 NetSpot Dotatate (A9587) or DetectNet Dotatate (A9592) PET/CT (for neuroendocrine tumors)
Include A-code on Pre-Auth

Please indicate whether PET/CT is for:

Diagnosis/Initial Staging

Restaging/Post-Treatment/Treatment Monitoring

Ref Phys _____ Signature _____ Date _____

Ref Office Contact _____ Ref Off Phone _____ Ref Fax _____



PREPARATION INSTRUCTIONS FOR ADULT PATIENTS

****If Diabetic or Allergic to Contrast/Shellfish/Iodine, Please Call for Instructions**

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ALL PATIENTS

- Wear warm, comfortable clothing with no metal (zippers, rivets) or jewelry

CT SCAN

Contrast CT's:

- Nothing to eat or drink 4 hours prior to exam

All Other Non-Contrast CT's:

- No restrictions

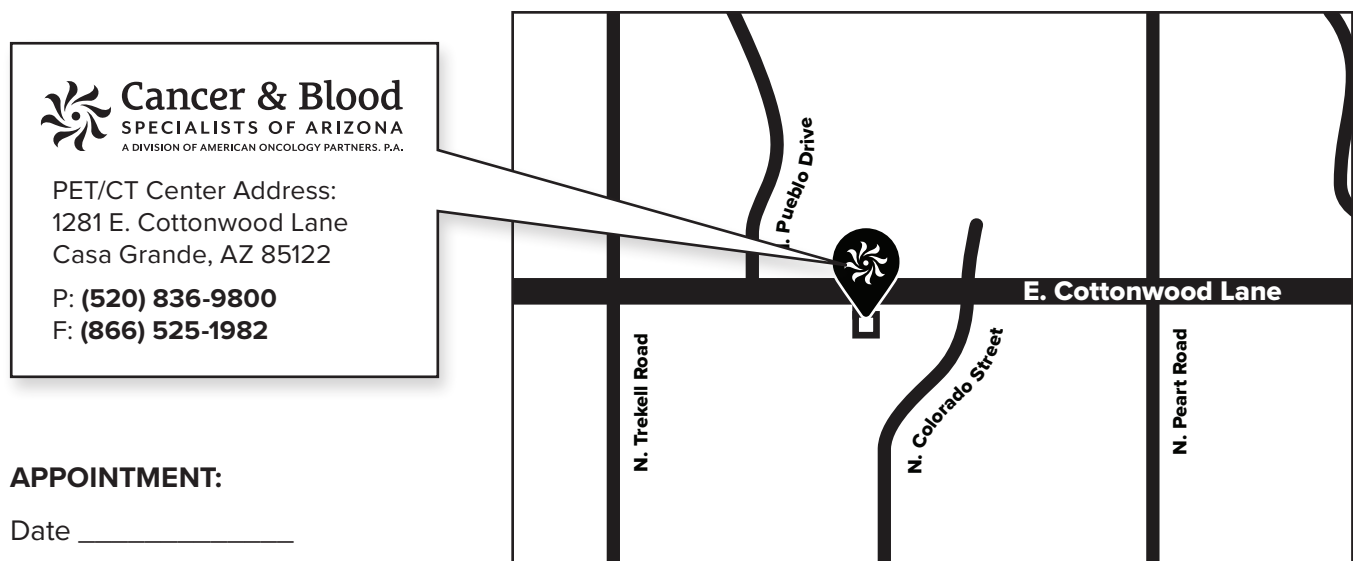
PET/CT SCAN

FDG PET/CT for Oncology and Neurology:

- Nothing to eat or drink 4 hours prior to exam other than water
- Take any medications you need to take - BUT WITH WATER ONLY
- No physical exercise 24 hours prior to exam
- Eat low carbohydrate meals 24 hours prior to exam. Avoid white bread, cereals, potatoes, desserts, fruits/fruit juices, sports drinks, sugary soft drinks, candy, coffee/tea with sugar, etc.
- Please call Cancer & Blood Specialists of Arizona at (520) 836-9800 for further instructions if you are Diabetic

Other PET/CT Scan:

- No restrictions. Drink at least 2 full glasses of water the morning of your exam
- No physical exercise 24 hours prior to exam



APPOINTMENT:

Date _____

Time _____