



# PET/CT PRE-SCHEDULING FORM

ARA SCHEDULING: 512.458.9098 fax: 512.836.8869

PATIENT INFORMATION	
Name:	
Date of birth:	
Phone: Home:	Alternate:
Height / Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female

REFERRING INFORMATION	
Referring physician signature:	
Date:	
Phone:	Fax:
Insurance name / authorization #:	

## PET/CT EXAM REQUESTED – CHOOSE RADIOTRACER AND BODY AREA\*

(\*Please note that the CT in PET/CT is not diagnostic. It is for attenuation correction only.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> F-18 FDG - for most cancers and neurologic diseases; exceptions below                       | <input type="checkbox"/> 78815 - base of skull to thighs             | <input type="checkbox"/> 78814 - brain, limited PET tumor-related |
|  | <input type="checkbox"/> 78816 - scalp to toes, for pedi or melanoma | <input type="checkbox"/> 78608 - brain, dementia/seizure          |
| <input type="checkbox"/> Ga 68 Dotatate (NetSpot) - for neuroendocrine tumor   | <input type="checkbox"/> 78815 - base of skull to thighs             |   |
| <input type="checkbox"/> F-18 Florbetapir (Amyvid) - for Alzheimer's dementia (not covered by Medicare or insurance) | <input type="checkbox"/> 78814 - brain, limited PET                  |   |
| <input type="checkbox"/> F-18 NaF (Sodium Fluoride) - bone metastases (not covered by Medicare or insurance)         | <input type="checkbox"/> 78816 - scalp to toes                       |   |
| <input type="checkbox"/> F-18 Fluciclovine (Axumin) - for prostate cancer recurrence                                 | <input type="checkbox"/> 78815 - base of skull to thighs             |   |
| <input type="checkbox"/> PSMA Imaging - for suspected prostate cancer metastasis or recurrence                       | <input type="checkbox"/> 78815 - base of skull to thighs             |   |

Is diagnostic CT requested in addition to PET/CT?     Yes     No  
 Specify area(s):     Neck     Chest     Abdomen     Pelvis     XRT planning     Other \_\_\_\_\_  
 Contrast instructions:     with IV contrast     without IV contrast    Contrast at discretion of the radiologist if not specified

Primary diagnosis:

ICD code:

Reason for study:  
 Initial treatment strategy (diagnosis / initial staging)  
 Subsequent treatment strategy (restaging / monitoring / recurrence) How many prior PET/CT scans has the patient had? \_\_\_\_\_

Recent surgery / biopsy: Specific site, date and where done

Recent relevant imaging  
 CT     MRI     NM     PET: \_\_\_\_\_

Chemotherapy: Type and date of last treatment

Radiotherapy: Type and date of last treatment

Patient diabetic?     Yes     No                      Medications taken:     Oral     Insulin    Type: \_\_\_\_\_

Any additional information?

## CHECK LIST FOR PHYSICIAN'S OFFICE

- |   |   |
|---|---|
| <input type="checkbox"/> Completed pre-scheduling form (this form)        | <input type="checkbox"/> Copies of all insurance cards  |
| <input type="checkbox"/> Copies of (non-ARA) CT, MRI, and Nuc Med reports | <input type="checkbox"/> Second page must be completed if Medicare or any Medicare replacement plan is patient's primary or secondary insurance |
| <input type="checkbox"/> Relevant office notes and path reports           |   |

**IMPORTANT: Call the PET scheduler for preparation instructions.  
 At least 48 hours notice is required to cancel or reschedule the exam.**

# FOR F-18 FDG PET/CT SCAN PATIENTS COVERED BY MEDICARE

## ADDITIONAL INFORMATION REQUIRED IF MEDICARE OR MEDICARE REPLACEMENT IS PATIENT'S PRIMARY OR SECONDARY INSURANCE

Medicare provides conventional coverage for oncologic PET studies performed for certain specific clinical indications.

If you have any questions regarding the validity of a referral, contact our PET scheduling department directly at (512) 458-9098.

### INITIAL TREATMENT STRATEGY

Medicare continues to nationally cover one FDG PET study for beneficiaries who have cancers that are biopsy proven or strongly suspected based on other diagnostic testing when the beneficiary's treating physician determines that the FDG PET study is needed to determine the location and/or extent of the tumor for the following therapeutic purposes related to the initial anti-tumor treatment strategy.

- To determine whether or not the beneficiary is an appropriate candidate for an invasive diagnostic or therapeutic procedure; or
- To determine the optimal anatomic location for an invasive procedure; or
- To determine the anatomic extent of tumor when the recommended anti-tumor treatment reasonably depends on the extent of the tumor.

### SUBSEQUENT TREATMENT STRATEGY

Three (per-cancer, per-lifetime) FDG PET scans are nationally covered when used to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy. Coverage of more than three FDG PET scans to guide subsequent management of anti-tumor treatment strategy after completion of initial anti-tumor therapy shall be determined by the local Medicare Administrative Contractors.

**For any additional subsequent studies, please provide medical necessity letter on company letterhead.**

Tumor type	Initial treatment strategy	Subsequent treatment strategy
colorectal	cover	cover
esophagus	cover	cover
head & neck (not thyroid or CNS)	cover	cover
lymphoma	cover	cover
non-small cell lung	cover	cover
ovary	cover	cover
cervix	cover with exceptions*	cover
small cell lung	cover	cover

Tumor type	Initial treatment strategy	Subsequent treatment strategy
soft tissue sarcoma	cover	cover
pancreas	cover	cover
testes	cover	cover
prostate	non-cover	cover
thyroid	cover	cover
breast (male & female)	cover with exceptions*	cover
melanoma	cover with exceptions*	cover
all other solid tumors	cover	cover
myeloma	cover	cover
all other cancers not listed	cover	cover

\* Cervix: Nationally non-covered for the initial diagnosis of cervical cancer related to initial anti-tumor strategy. All other indications for initial anti-tumor treatment strategy for cervical cancer are nationally covered.

\* Breast: Nationally non-covered for initial diagnosis and/or staging of axillary lymph nodes. Nationally covered for initial staging of metastatic disease. All other indications for initial anti-tumor treatment strategy for breast cancer are nationally covered.

\* Melanoma: Nationally non-covered for initial staging of regional lymph nodes. All other indications for initial anti-tumor treatment strategy for melanoma are nationally covered.

Physician signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Updated 10/30/2019

# INSTRUCTIONS FOR YOUR PET/CT SCAN

## IMPORTANT NOTES

1. Tell the scheduler if you are pregnant, a nursing mother, claustrophobic, diabetic or if you have any special needs.
2. Wear comfortable clothing to your appointment. Wear clothes without metal. If necessary, a gown will be provided. Please leave all jewelry at home or you will be asked to remove the jewelry.
3. Your visit will last approximately 2½ hours including check-in, uptake and scan time.
4. You may bring music on a CD to listen to during the imaging phase of your exam.
5. If you will not be able to make your PET/CT scan appointment or if you have any questions about your exam, please notify our Scheduling Department at least 24 hours before your exam at (512)458-9098.

**Each type of radiotracer used in the PET/CT scan requires different preparation.**

**Please be sure you know which exam has been requested for you and find the appropriate instructions below.**

### **F-18 FDG Radiotracer** (FOR MOST CANCERS AND NEUROLOGIC DISEASES)

#### **Morning Appointments**

##### The day prior:

1. Make every effort to abstain from carbohydrates and sugars from NOON on the day prior to your scan (*please see diet instructions on the back of this page*).
2. Do not participate in strenuous activity.
3. A scheduler will call you to confirm your appointment.
4. If you are diabetic or being sedated for your exam, a nurse or paramedic will call you with detailed instructions.

##### The day of:

1. You must fast after midnight. This means nothing to eat or drink after midnight except water. You can drink water up to your exam time.
2. If you are being sedated for your exam, please follow the instructions given to you by the nurse or paramedic.
3. Do not chew gum 6 hours prior to the exam.
4. Please bring any prior imaging requested.

#### **Afternoon Appointments**

##### The day prior:

1. Make every effort to abstain from carbohydrates and sugars from NOON on the day prior to your scan (*please see diet instructions on the back of this page*).
2. Do not participate in strenuous activity.
3. A scheduler will call you to confirm your appointment.
4. If you are diabetic or being sedated for your exam, a nurse or paramedic will call you with detailed instructions.

##### The day of:

1. You may eat a light breakfast the day of your scan (continue to abstain from carbohydrates and sugars).
2. Breakfast must be finished 6 hours prior to your exam.
3. Do not chew gum 6 hours prior to the exam.
4. You may drink plenty of water the day of your exam.
5. If you are being sedated for your exam, please follow the instructions given to you by the nurse or paramedic.
6. Please bring any prior imaging requested.

**Please see diet instructions for F-18 FDG exams on the back of this page.**

#### **F-18 FDG Radiotracer - BRAIN ONLY**

1. Nothing to eat or drink for 6 hours prior to the exam.
2. No caffeine or nicotine for 12 hours prior to the exam.

#### **F-18 Fluciclovine (Axumin) Radiotracer**

(FOR PROSTATE CANCER RECURRENCE)

1. No strenuous activity 24 hours prior to the exam.
2. Nothing to eat or drink for 4 hours prior to the exam.

#### **Ga68 Dotatate (Netspot) Radiotracer**

(FOR NEUROENDOCRINE TUMOR)

1. Drink plenty of water the day before and day of the exam.
2. No fasting required.
3. If you are on long-acting somatostatin treatment, the exam must be scheduled just prior to your next dose.

#### **F-18 NaF (Sodium Fluoride) Radiotracer**

(FOR BONE METASTASES)

Drink 2 glasses of water 1 hour prior to the exam.

#### **F-18 Florbetapir (Amyvid) Radiotracer**

(FOR ALZHEIMER'S DEMENTIA)

NO PREP REQUIRED FOR THIS EXAM.

#### **PSMA (Pylarify) Radiotracer**

(FOR METASTATIC PROSTATE CANCER)

1. Drink plenty of water the day before and day of the exam.
2. No fasting required.

Updated 10/22/2021

# F-18 FDG PET/CT SCAN DIET INSTRUCTIONS

(Except F-18 FDG Brain - see previous page)



The day before your PET/CT scan there are certain instructions to follow.

1. Make every effort to abstain from sugars and carbohydrates from NOON on the day prior to your exam.
2. Avoid strenuous activity. This means no heavy lifting (such as weight lifting), aerobic activity or yard work.

Here are examples of food that must be avoided after NOON the day before your exam:

<b>Sugars</b>	<b>Caffeine</b>	<b>Starches / Carbohydrates</b>
Fruit or fruit juice	Coffee	Bread / rolls / cakes / tortillas
Soft drinks	Tea	Rice / pasta / crackers
Jellies	Energy drinks	Potatoes / corn / peas
Yogurt		Snack chips (corn, potato or popcorn)
Desserts		Pastries
Candy		Oatmeal
Alcohol of any kind		Pizza dough
		Cereals

Your evening meal should consist of proteins with no starchy vegetables. No dessert or fruit should be consumed with dinner either.

Here are examples of foods that are allowed for dinner prior to your scan:

<b>Proteins</b>	<b>Drinks</b>	<b>Vegetables</b>
Fish (tuna or grilled fillets)	Water	Green beans
Chicken (avoid breading or fried chicken)		Spinach
Pork (including bacon and ham)		Asparagus
Red meat (all forms)		Broccoli
Eggs		Mushrooms
Cheese		Green salad
Tofu		
Non-starchy vegetables (no potatoes or corn)		
Nuts (not honey-roasted)		

**There are also instructions to follow the day of your scan. Please see reverse side for instructions.**

<b>Suggested diet the day before your PET/CT scan</b>		
Follow this high protein or low carbohydrate diet. (Remember: no food 6 hours prior to your scan.) If you are a vegetarian, you may replace the suggested meat products with high protein or low carbohydrate meat substitutes.		
<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>
2 eggs, any style Bacon, sausage or meat substitute Water <b>No juice</b> <b>No toast</b> <b>No potatoes</b>	<b>Entrees (choose one)</b> 8 oz. grilled steak 8 oz. grilled salmon fillet Half a chicken, baked or broiled  <b>Side items (choose one)</b> Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad	<b>Entrees (choose one)</b> 8 oz. grilled steak 8 oz. grilled salmon fillet Half a chicken, baked or broiled  <b>Side items (choose one)</b> Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad
<b>FOODS TO AVOID:</b> Refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal, rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, all sodas and all fruit juices.		

## DIABETIC PET/CT INSTRUCTIONS

If you are on insulin, schedule your PET/CT appointment in the afternoon. Please take your insulin with breakfast, and then have water only until your PET/CT exam. If you are on oral medication for diabetes and are scheduled for a morning appointment, please do not take your medication. Bring your medication with you. The technologist or paramedic will check your blood sugar and will then determine if you should take your medication or not. If you are scheduled in the afternoon, please take your oral medication with breakfast.