



PET/CT PRE-SCHEDULING FORM

ARA SCHEDULING: 512.458.9098 fax: 512.836.8869

PATIENT INFORMATION

Name: _____

Date of birth: _____

Phone: _____ Alternate: _____

Height: _____ Weight: _____ Male

REFERRING INFORMATION

Referring clinician signature: _____

Signature *Date*

Phone: _____ Fax: _____

Insurance type: _____ Auth #: _____

Primary diagnosis: _____ ICD code: _____

Scan is for: Diagnosis or Staging or Restaging

ONCOLOGY

▶ Indication (choose one):

- ▷ General Cancer Metabolic agent F18-FDG (for most cancers)
- ▷ Specific Cancer
 - ▶ Neuroendocrine tumor: Metabolic agent F18-FDG or Targeted agent - SSTR (*Somatostatin Receptor*)
 - ▶ Prostate cancer: Metabolic agent F18-FDG or Targeted agent - PSMA (*Prostate Specific Membrane Antigen*) (staging, restaging) or Fluciclovine (*for restaging only*)
 - ▶ Breast cancer: Metabolic agent F18-FDG or Targeted agent - ER (*Estrogen Receptor*) (Cerianna)

▶ Length of scan: Base of skull to thighs (78815) Whole body - scalp to toes (78816)

▶ Is diagnostic CT requested with PET/CT: Neck Chest Abdomen Pelvis with IV contrast without IV contrast

BRAIN

▶ Indication (choose one):

- ▷ Seizure: Metabolic agent F18-FDG (78608)
- ▷ Dementia: Metabolic agent F18-FDG or Targeted agent - Amyloid (78608) (*currently not covered by Medicare or insurance*)

Recent surgery / biopsy: Specific site, date and where done	Recent relevant imaging <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> NM <input type="checkbox"/> PET: _____
Chemotherapy: Type and date of last treatment	Radiotherapy: Type and date of last treatment
Patient diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No Medications taken: <input type="checkbox"/> Oral <input type="checkbox"/> Insulin Type: _____	
Other relevant information or notes:	

CHECK LIST FOR PHYSICIAN'S OFFICE

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

Fluciclovine 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.

Amyloid Radiotracer

(FOR ALZHEIMER'S DEMENTIA)

NO PREP REQUIRED FOR THIS EXAM.

SSTR 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.

PSMA Radiotracer

(FOR METASTATIC PROSTATE CANCER)

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

Cerianna Radiotracer

(FOR BREAST CANCER)

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

Updated 09/26/2023

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:

Sugars	Caffeine	Starches / Carbohydrates
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:

Proteins	Drinks	Vegetables
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.

Suggested diet the day before your PET/CT scan		
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.		
BREAKFAST	LUNCH	DINNER
2 eggs, any style Bacon, sausage or meat substitute Water No juice No toast No potatoes	Entrees (choose one) 8 oz. grilled steak 8 oz. grilled salmon fillet Half a chicken, baked or broiled Side items (choose one) Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad	Entrees (choose one) 8 oz. grilled steak 8 oz. grilled salmon fillet Half a chicken, baked or broiled Side items (choose one) Asparagus, grilled or steamed Broccoli, grilled or steamed Mushrooms, sautéed Any green vegetable salad
FOODS TO AVOID: 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.