marinhealth®
PET/CT Imaging

Patient Label

Imaging Order Form

To be completed by patient or parent/guardian. (Please fill in the square boxes or place a check mark)

Patient Information: (note: $250 cancellation fee)

Date: ____/____/____ **Patient Name:** ______________________________ **DOB** (mm/dd/yyyy)**:** ____/____/________

Patient's Phone: ______________________________ **Patient's Email:** ______________________________

Primary Insurance Carrier: __________________________ ID # ______________________________

Secondary Insurance Carrier: __________________________ ID # ______________________________

Referring MD: __________________________ Office point of contact: ______________________________

Phone number: __________________________ Fax: ______________________________

How would you like to receive your results? ☐ Fax EMR ☐ Physician Copy (CD) ☐ Patient Copy (CD)

Patient History

Diagnosis and reason for test: ____

ICD-10 Code(s): ____

Prior PET scan?	☐ Yes	☐ No	If yes, which facility? ______________________	Date: ____/____/____
Prior x-ray?	☐ Yes	☐ No	If yes, which facility? ______________________	Date: ____/____/____
Prior CT scan	☐ Yes	☐ No	If yes, which facility? ______________________	Date: ____/____/____
Prior MRI?	☐ Yes	☐ No	If yes, which facility? ______________________	Date: ____/____/____

Type of Scan (check multiple if multiple scans required)

Standard operating procedure is our Radiologist may modify this order per protocol to meet clinical needs of patient. If you do NOT approve place a check in the no box: ☐ **NO**

PET/CT

☐ **PET/CT SCAN, CPT 78815:**
Skull base through proximal thighs (standard coverage)
Type of cancer being treated: ______________________
- ☐ Diagnosis, Initial Staging (PI)
- ☐ Treatment Monitoring, Restaging Suspected Recurrence (PS)

☐ **PET/CT SCAN, CPT 78816:**
Whole Body – vertex to feet (typically for Melanoma)
- ☐ Diagnosis, Initial Staging (PI)
- ☐ Treatment Monitoring, Restaging Suspected Recurrence (PS)

☐ **PET/CT SCAN, CPT 78815 W Axumin A9588:**
Body, Axumin – vertex to feet (for prostate cancer)
- ☐ Diagnosis, Initial Staging (PI)
- ☐ Treatment Monitoring, Restaging Suspected Recurrence (PS)

☐ **PET/CT SCAN, CPT 78608: Brain**
- ☐ Diagnosis, Initial Staging (PI)
- ☐ Treatment Monitoring, Restaging Suspected Recurrence (PS)

☐ **OTHER:** ______________________________

CT

Neck	☐ W/O [70490]	☐ W [70491]
Chest	☐ W/O [71250]	☐ W [71260]
ABD	☐ W/O [74150]	☐ W [74160]
Pelvis	☐ W/O [72192]	☐ W [72193]
AB/PEL	☐ W/O [74176]	☐ W [74177]

Signature of Referring Physician: ______________________________________ Date: ____/____/____

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PET/CT Imaging 4000 Civic Center Drive, #110 San Rafael, CA 94903
O 1-415-578-6922 | **F** 1-628-888-1401 | www.mymarinhealth.org/petct

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