



**Lifespan Medical Imaging**

Rhode Island Hospital

*Delivering health with care.®*

## PET/CT Order Sheet

Scheduling: 401-444-7770

Fax: 401-444-7779

APPOINTMENT SCHEDULED FOR: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Time

### PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Male ☐ Female ☐ Patient Height : \_\_\_\_\_ Patient Weight : \_\_\_\_\_ (Needed to order Radiopharmaceutical)

Insurance Plan: \_\_\_\_\_ Plan #: \_\_\_\_\_ Pre-Auth #: \_\_\_\_\_

Worker's Compensation: Yes ☐ No ☐ If yes, Employer Name: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

### PHYSICIAN INFORMATION

Ordering Provider: \_\_\_\_\_ cc: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

Signs/Symptoms /Reasons for Exam (REQUIRED): \_\_\_\_\_

ICD 10 Codes (REQUIRED): \_\_\_\_\_

Clinical Decision Support G Code: \_\_\_\_\_ Clinical Decision Support Modifier: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_

Provider Signature: \*\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*MUST BE ORIGINAL SIGNATURE ; STAMPED SIGNATURES NOT ACCEPTED**

### PATIENT HEALTH HISTORY QUESTIONS :

ALLERGIES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> IF YES, SPECIFY _____
PREGNANCY / BREAST FEEDING	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
PRECAUTIONS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	IF YES, TYPE : _____
PRIOR CT or PET STUDIES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> RIH/TMH/RIMI/SHIELDS/NEWPORT <input type="checkbox"/> OUTSIDE : _____
DIABETIC	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> INSULIN
XRT / SURGERY	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> TYPE : _____

### EXAM REQUESTED : CHECK ONLY ONE EXAM

#### BRAIN

☐ Seizure  
☐ Dementia

#### MELANOMA

☐ Staging, Initial  
☐ Restaging

#### BREAST CANCER

☐ Staging for distant metastatic disease  
☐ Restaging  
☐ Therapeutic Response Monitoring

#### OVARIAN CANCER

☐ Staging  
☐ Restaging

#### CARDIAC

☐ Myocardial viability  
☐ Cardiac Sarcoid

#### HEAD & NECK CANCER

☐ Staging, Initial  
☐ Restaging

#### LUNG CANCER (non-small cell)

☐ NSCLC Initial Staging  
☐ NSCLC Restaging

#### CERVICAL CANCER

☐ Staging  
☐ Restaging

#### ESOPHAGEAL CANCER

☐ Staging, Initial  
☐ Restaging

#### LYMPHOMA

☐ Staging, Initial  
☐ Restaging

#### COLORECTAL CANCER

☐ Staging, Initial  
☐ Restaging

#### PROSTATE FLUCICLOVINE IMAGING

☐ Staging  
☐ Restaging

#### THYROID CANCER

☐ Staging  
☐ Restaging

#### MYELOMA

☐ Staging, initial  
☐ Restaging

#### SOLITARY PULMONARY NODULE

\* nodule must be greater than or equal to 7mm

#### NEURO ENDOCRINE DOTATATE IMAGING

☐ Staging  
☐ Restaging

☐ OTHER \_\_\_\_\_