Rhode Island Hospital

A Lifespan Partner

Department of Diagnostic Imaging
PET / CT Order Sheet
For Scheduling call: 401-444-7383
Fax # 401-444-4447

Physician Signature: ** _____ Date : _____

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

APPOINTMENT SCHEDULED FOR: _____/_____
Date Time

PATIENT INFORMATION

Patient Name: _____ DOB: _____ MR#: _____
Last First Middle Initial

Male ☐ Female ☐ Social Security #: _____ **Language Interpreter :** _____(specifiy language)

Patient's Address: _____ Town/City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Other:_____

Patient Height : _____ **Patient Weight :** _____ **(Needed to order Radiopharmaceutical)**

PHYSICIAN INFORMATION

Ordering Provider: _____ cc: _____

Office Phone: _____ Cell Phone: _____ Pager #: _____

Symptoms/Reasons for Exam: _____

Primary Care Physician Name: _____

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

INSURANCE INFORMATION

Primary Insurance

Insurance Name: _____ Policy #: _____ ☐ Medicaid State: _____

Telephone #: _____ Policy Holder Name: _____ Relation to Patient: _____

Secondary Insurance

Insurance Name: _____

Pre-Auth #: _____ Enter all ICD-9 codes that apply : (Primary) _____ (2) _____
(3) _____ (4) _____ (5) _____

OTHER QUESTIONS :

ALLERGIES	☐ NO	☐ YES	☐ IF YES, SPECIFY _____
PREGNANCY / BREAST FEEDING	☐ NO	☐ YES	
PRECAUTIONS	☐ NO	☐ YES	IF YES, TYPE : _____
PRIOR CT or PET STUDIES	☐ NO	☐ YES	☐ RIH/TMH/RIMI/SHIELDS/NEWPORT ☐ OUTSIDE : _____
DIABETIC	☐ NO	☐ YES	☐ INSULIN
XRT / SURGERY	☐ NO	☐ YES	☐ TYPE : _____

PHYSICIAN EXAMINATION REQUESTED : **CHECK ONLY ONE EXAM**

BRAIN
☐ Seizure
☐ Dementia

CARDIAC
☐ Myocardial viability

ESOPHAGEAL CANCER
☐ Diagnosis
☐ Staging, Initial
☐ Restaging

THYROID CANCER
☐ Staging/Restaging

MELANOMA
☐ Staging, Initial
☐ Restaging

HEAD & NECK CANCER
☐ Diagnosis
☐ Staging, Initial
☐ Restaging

LYMPHOMA
☐ Diagnosis
☐ Staging, Initial
☐ Restaging

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

MYELOMA
☐ **Staging, initial**
☐ Restaging

LUNG CANCER (non-small cell)
☐ NSCLC Diagnosis
☐ NSCLC Initial Staging
☐ NSCLC Restaging

OVARIAN CANCER
☐ Staging
☐ Restaging

COLORECTAL CANCER
☐ Diagnosis
☐ Staging, Initial
☐ Restaging

CERVICAL CANCER
☐ Staging

☐ **SOLITARY PULMONARY NODULE**
* nodule must be greater than or equal to 7mm

☐ **OTHER:** _____

Rvsd form 10/2009