



53940 Carmichael Drive
South Bend, IN 46635
574-243-0100
574-243-2965 (FAX)

PET- CT Requisition

Patient Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Social Security #: _____

Date of Birth: _____

1° Insurance: _____

2° Insurance: _____

Referring Physician Information

Physician Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

Is this patient diabetic? Yes No

Is this patient claustrophobic? Yes No

Other physicians who should receive copies of the PET-CT's images/report: _____

- PET- CT, Limited Area **CPT 78814**
- PET- CT, Base of Skull to Mid-Thigh **CPT 78815**
- PET- CT, Whole Body (Melanoma) **CPT 78816**

If ordering a PET-CT of the brain for Alzheimer's Disease, check "Limited Area, CPT 78814" and call us for Alzheimer's Criteria Checklist which must be completed prior to scheduling.

Is this a Medicare patient? Yes No



If yes, please be advised that as of April 1, 2009, Medicare has greatly expanded its coverage of PET-CT. Medicare now covers most indications for diagnosis and initial staging, as well as many indications for restaging, treatment monitoring, and suspected recurrence. Please call XRC Medical Imaging if you have a question on Medicare coverage. In many instances, even if an indication is not covered by Medicare, your patient may be eligible to have their scan Medicare-reimbursed under the auspices of the National Oncologic PET Registry (NOPR) program. If this is the case, we will be happy to help you with the details.

Physician Signature: _____ Date: _____

UPIN #: _____ Diagnosis: _____ ICD-9: _____