



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**
- PET- CT, Metabolic Brain\* (Alzheimer's Disease) **CPT 78608**

**\* before ordering Metabolic Brain for A.D., please call us for Alzheimer's Criteria Checklist**

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: \_\_\_\_\_