



IMAGING PROCEDURE REQUEST

APPOINTMENT LINE: (828) 212-7021 FAX: (833) 958-1171 MessinoCancerCenters.com/Diagnostic-Imaging

Patient Name _____ SSN _____ DOB _____

Home Phone # _____ Other Phone # _____

CD of Images Requested: Yes No

(Messino will schedule patient's appointment and notify Referring Physician via fax or email)

Insurance: Medicare Medicaid Private Carrier _____

ICD-10 Diag Code (**required**) _____ Diag Description _____

Date of next follow-up visit with Referring Physician _____

Previous Studies: PET CT MRI Nuclear Med Other _____

PLEASE INCLUDE IMAGING REPORTS, LABS, OFFICE NOTES, AND PRE-AUTH WITH FAX REQUEST.

CT (CAT) SCAN:

- | | | |
|---|---|---|
| <input type="checkbox"/> WITH I.V. CONTRAST | <input type="checkbox"/> Head or Brain | <input type="checkbox"/> Cervical Spine |
| <input type="checkbox"/> WITHOUT I.V. CONTRAST | <input type="checkbox"/> Neck - Soft Tissue | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> WITH AND WITHOUT I.V. CONTRAST | <input type="checkbox"/> Sinuses | <input type="checkbox"/> Lumbar Spine |
| | <input type="checkbox"/> Thorax (Chest) | <input type="checkbox"/> CT Angiography |
| | <input type="checkbox"/> Abdomen Only | Specify Site _____ |
| | <input type="checkbox"/> Pelvis Only | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Abdomen/Pelvis | |

PET/CT: PREVIOUS PET? NO YES **DATE:** _____

- 78815 Standard PET/CT: Skull-to-Thigh (*for most oncology PET/CT scans*) Include A9552 on Pre-Auth
- 78816 Whole-body PET/CT (typical for melanoma) Include A9552 on Pre-Auth
- 78815 Pylarify PSMA (A9595) or Locametz PSMA (A9800) or Illuccix PSMA (A9596) PET/CT (for prostate cancer) Include A-code on Pre-Auth
- 78815 Cerianna PET/CT (for estrogen receptor (ER)+ lesions for recurrent breast mets) Include A9591 on Pre-Auth
- 78815 NetSpot Dotatate (A9587) or DetectNet Dotatate (A9592) PET/CT (for neuroendocrine tumors) Include A-code on Pre-Auth

Please indicate whether PET/CT is for:

- Diagnosis/Initial Staging
- Restaging/Post-Treatment/Treatment Monitoring

Ref Phys _____ Signature _____ Date _____

Ref Office Contact _____ Ref Off Phone _____ Ref Fax _____



PREPARATION INSTRUCTIONS FOR ADULT PATIENTS

****If Diabetic or Allergic to Contrast/Shellfish/Iodine, Please Call for Instructions**

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ALL PATIENTS

- Wear warm, comfortable clothing with no metal (zippers, rivets) or jewelry

CT SCAN

Contrast CT's:

- Nothing to eat or drink 4 hours prior to exam

All Other Non-Contrast CT's:

- No restrictions

PET/CT SCAN

FDG PET/CT for Oncology and Neurology:

- Nothing to eat or drink 4 hours prior to exam other than water
- Take any medications you need to take - BUT WITH WATER ONLY
- No physical exercise 24 hours prior to exam
- Eat low carbohydrate meals 24 hours prior to exam. Avoid white bread, cereals, potatoes, desserts, fruits/fruit juices, sports drinks, sugary soft drinks, candy, coffee/tea with sugar, etc.
- Please call Messino at (828) 212-7021 for further instructions if you are Diabetic

Other PET/CT Scan:

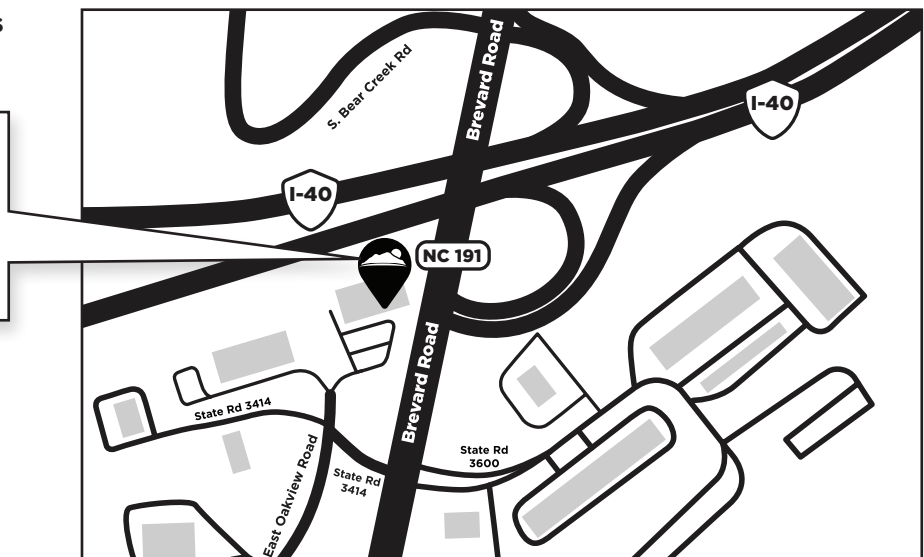
- No restrictions. Drink at least 2 full glasses of water the morning of your exam
- No physical exercise 24 hours prior to exam

Map to Messino Cancer Centers PET/CT Center

551 Brevard Road
Asheville, NC 28806

P: (828) 212-7021

F: (833) 958-1171



APPOINTMENT:

Date _____

Time _____