Louisiana PET/CT Imaging of Lake Charles

PET/CT REFERRAL FORM

Scheduling: (F) 337-433-0540 • (P) 337-433-3001

Patient Name _____ Gender ___ D.O.B. _____ Weight _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Primary Insurance _____ Subscriber's Insurance ID # _____

Secondary Insurance _____ Insurance Prior Authorization # _____

Referring Provider _____ Phone _____ Fax _____

Ordering Physician's Signature _____ NPI # _____

Signs and Symptoms

Type of Cancer _____ ☐ Histologically Proven ☐ Suspected

Procedure ☐ Skull to Mid-Thigh ☐ Total Body/Melanoma/Myeloma ☐ Brain Imaging

Check ONE and fill out corresponding section completely

Initial Treatment Strategy

☐ **Diagnosis:** Abnormal finding of _____

☐ **Diagnosis:** Based on _____

OR

☐ **Initial Staging** of confirmed newly diagnosed cancer

Check one

☐ To determine whether the patient is a candidate for an invasive diagnosis or therapeutic procedure;

☐ To determine the optimal anatomic location for an invasive procedure; or

☐ To determine the anatomic extent of the tumor when the treatment recommendations depend on the extent.

☐ **Other** (e.g., Alzheimer's disease). List reason for scan: _____

_____

_____

_____

_____

Subsequent Treatment Strategy

☐ **Restaging:** (after the completion of treatment)

Check one

☐ Status post completion of treatment for the purpose of detecting residual disease.

Last date of treatment: _____

Type of treatment: _____

☐ Detecting suspected recurrence or metastasis of previously treated cancer.

Site of suspected recurrence/metastasis: _____

Based on: _____

☐ Determine the extent of a known recurrence.

Confirmed by: _____

☐ PET/CT is being used to potentially replace one or more imaging studies that (1) is being utilized to determine extent of known recurrence or (2) provided insufficient information for the clinical management of the patient.

Monitoring Tumor Response: During treatment

Check one

☐ Chemotherapy ☐ Radiotherapy ☐ Other (specify): _____

_____

Pre-Screening Questionnaire

Pregnant: ☐ Y ☐ N

Diabetes: ☐ Y ☐ N

Prior Studies/Treatment

Previous:	☐ CT	☐ MRI	☐ PET/CT	Where: _____	When: _____
Pathology:	☐ Y	☐ N		Where: _____	When: _____
Radiation Therapy:	☐ Y	☐ N		Physician: _____	When: _____
Chemotherapy:	☐ Y	☐ N		Physician: _____	When: _____
Recent Surgery:	☐ Y	☐ N		Type: _____	When: _____

Alzheimer's Disease & Fronto-Temporal Dementia

- Date of onset of symptoms — Date: _____
- Diagnosis of clinical syndrome (e.g. normal aging; mild cognitive impairment or MCI: mild, moderate or severe dementia) — Date: _____ Examiner's Name: _____
- Mini Mental Status Exam (MMSE) or similar test score — Score: _____ Date: _____
- Presumptive cause (possible, probable, uncertain AD) — _____
- Need copy of any neuropsychological testing performed
- Results of any structural imaging (MRI or CT) performed — ☐ MRI ☐ Positive ☐ Negative ☐ CT ☐ Positive ☐ Negative

Fax this referral form (and recent office notes, radiology reports and pathology reports) to 337-433-0540, after patient's examination has been scheduled.

Appointment Location: 831 Lakeshore Dr • Lake Charles LA 70601

Meals

Supper/Dinner (the night before the exam): Grilled meat or eggs & green veggies. Water, diet soda or unsweet tea.

Breakfast (must be at least 6 hours prior to exam): Bacon/sausage & eggs. Water & 1 cup of black coffee (no sugar, sweetener or creamer).

Foods to avoid for both meals: All dairy (except butter and cheese), refined sugar, all fruits, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal (hot or cold), rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, alcohol, sodas and fruit juices.

Reminders

1. No food for 6 hours prior to exam.
2. Within 6 hours prior to the exam, hydrate with water only. **DRINK LOTS OF WATER.**
3. Absolutely **NO SUGAR** the night before or the morning of the exam. This includes gum, mints, cough drops or any foods that may contain sugar.
4. Patient may take medication as usual. Insulin should be taken at least 4 hours prior to exam.
5. No exercise or strenuous work within 24 hours of your exam.
6. The center is kept around 69-70 degrees.
7. Expect to be at our center for about 1-1/2 to 2 hours.
8. Bring your insurance cards with you.
9. Due to the nature of the medication used, family members (especially pregnant women and children) are not allowed in the uptake rooms.
10. If you are on anxiety medication, bring the medication with you in order to take it while in the uptake room.