PET/CT EXAM REQUEST

At Fairfax Radiology, We See You Better.™

FAIRFAX RADIOLOGY CENTERS
An Inova partnership

FRC PET/CT Centers

PATIENT SCHEDULING 703.698.4441
Fax 703.698.5930

You must bring this prescription with you to your exam

TO AVOID ANY DELAY, ALL INFORMATION IN THIS BOX MUST BE COMPLETED

Patient Name_____ **DOB** _____ / _____ / _____

Physician Name (Clearly Legible) ***FIRST NAME*** _____ ***LAST NAME*** _____

Physician Signature (Required) _____ **Date** (Required) _____
NO STAMPED SIGNATURE

Physician Office Phone _____

Clinical History/Symptoms/ICD-10 Code (Required) _____

Additional Physicians to Receive a Report _____

Diabetes? ○ Yes ○ No **Check boxes that apply:** ○ Insulin ○ Oral Meds

Clinical History and Prior Treatments _____

_____

_____

Reason For Scan _____

_____

_____

FOR PRE-AUTHORIZATION ASSISTANCE BY FAIRFAX RADIOLOGY PLEASE COMPLETE:

1. **If you would like PET/CT Imaging Center to obtain pre-authorization, please fax clinical notes to 703.698.8745.**
2. **If you have already obtained pre-authorization, please provide:**
   Pre-authorization # _____ **and ICD-10 Code** _____
3. **If you have questions regarding pre-authorization, please call 703.752.7793. TAX ID#: 26-4587374 or NPI#: 1972838993**

PET/CT Exam Request

When ordering for cancer patient designate: ○ **Diagnosis** ○ **Initial Staging** ○ **Restaging**

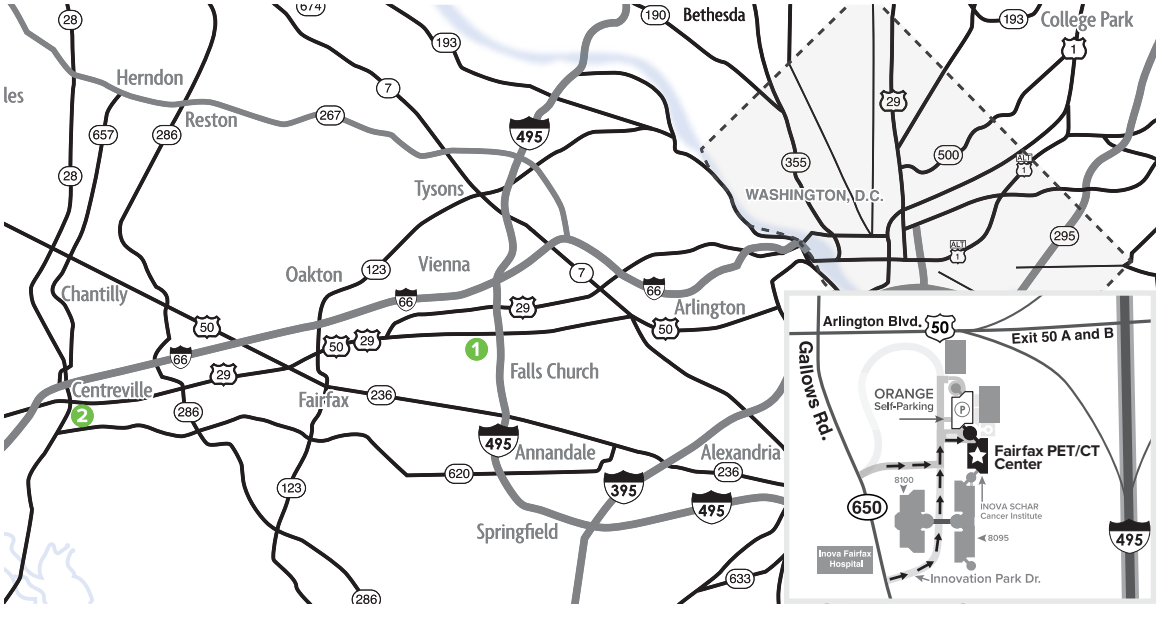
○ **PET/CT Body Scan**
Skull base to mid-thigh, CPT code 78815 OR Whole Body, CPT code 78816
(determined based on the patient's diagnosis and medical history)

○ **PET/CT PSMA Pylarify**
CPT code 78815

○ **PET/CT Brain Scan**
○ Metabolic Function FDG, CPT code 78608
○ Beta Amyloid, CPT codes 78811, 78814

MAP OF LOCATION

Also available online at fairfaxradiology.com



PARKING NOTES

Fairfax PET/CT Center

Please park on the **2nd floor of the parking garage** and enter the building from that level.

Other Notes

If you have young children, please make arrangements for childcare before your exam date. Children are not allowed in the examination room and may not be left in the waiting room unattended.

- **Appointment Date:** _____
- **Appointment Time:** _____

1 Fairfax PET/CT Center

8081 Innovation Park Drive, Building A, Suite 204
Fairfax, VA 22031

2 Centreville PET/CT Center

6211 Centreville Road, Suite 500
Centreville, VA 20121

PET/CT Preparation Intructions

Please arrive at your scheduled appointment time. The length of your appointment is approximately 2 to 2½ hours, depending on the type of exam your physician ordered.

- Please do not wear any metal on your clothing, including zippers, clips, snaps, etc.
- Please do not wear any jewelry.
- All patients should stay well-hydrated by drinking water prior to their appointment.
- If you have high anxiety or claustrophobia, consult your physician to prescribe medication. Do not take it before arrival; we will advise you when to take it. If prescribed, you must bring a driver.
- Please bring a photo ID, insurance cards, and any prior PET, MRI, and/or CT scans (if not done at FRC or INOVA) to your appointment.

PREPARATION FOR NON-DIABETICS

24 hours prior to appointment time:

- No strenuous work or exercise.
- No body massages.

6 hours prior to appointment time:

- No food or drink except plain water. (No flavored water or seltzer water. No coffee or tea.)
- No gum, candy, or mints.
- You may take daily medications.

PREPARATION FOR DIABETICS

24 hours prior to appointment time:

- No strenuous work or exercise.
- No body massages.
- Follow a low-carbohydrate diet.

8 hours prior to appointment time:

- No food or drink except plain water. (No flavored water or seltzer water. No coffee or tea.)
- No gum, candy, or mints.
- No diabetic medications. (You may take other medications if they are not for diabetes.)

PET/CT PSMA PYLARIFY & BETA-AMYLOID PREPARATION

- No fasting is required.
- Please follow the general PET/CT preparation instructions provided above.

After Your Scan

Following the study, you may eat and resume your normal activities/diet. Fluid is encouraged to promote excretion of the radiotracer. Because there is a minimal amount of radiation remaining in your body for 6 – 8 hours following the exam, it is recommended that you avoid close contact with children and pregnant women.

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REFERRAL PAD REORDER FORM

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Frequently Used Referral Pads – Please indicate number of referral pads needed.

- ○ General Diagnostic Pad # _____
- ○ Fairfax Radiology Centers Sites and Services Information # _____

Specialty Referral Pads – Please indicate number of referral pads needed

- ○ Breast Imaging # _____
- ○ Dental CT # _____
- ○ Thyroid FNA # _____
- ○ MRI # _____
- ○ Pain Management # _____
- ○ PET/CT # _____
- ○ Fairfax Vascular Center # _____

Physician Resources

- ○ Accessing Patient Reports and Images Online Guide
- ○ Dental CT Pricing Guide
- ○ PET/CT Exam Instructions

TO ORDER SUPPLIES:

Scan code to order supplies

or

Fax this form to 703.698.4450 or Call 703.698.4481