

McLaren Print System Order

Order No: 73497 Reprint Previous Order No: 72805
 Order Date: 2022-11-07
 User: Sandra Ziaja
 Phone: 13135769330

Ship Location: Harper Professional building Suite 1026 Attn: Sandra Ziaja
 4100 John R Street
 Detroit, 48201

Forms

Quantity: 5000
 Paragon Dept No: 27230
 Dept Name: Imaging PET/CT
 Company Number: 460

Order Total Price: 699.00

Item Number: KCI-101
 Item Description: PET/CT Order Form
 Revision Date: 09/2022
 Print: 1 sided full color
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (50 Sheets Per Pad)
 Drill:
 Misc Info: color, ss

PET/CT Order Form
 Phone: 313-576-9622 Fax: 313-576-9620
 email: PET@karmanos.org
 NPI: 13336900277 Tax ID: 205489446

Karmanos
 CANCER INSTITUTE
Wayne State University

Instructions
 Please fax this completed form with clinical information related to this exam to fax number 313-576-9620.
 First available appointment will be given unless otherwise specified.

Patient Demographics

Name: _____
 Primary Phone: _____ Secondary Phone: _____
 Date of Birth: _____ Sex: Male Female Weight: _____ Height: _____
 Diabetes?: Yes No If yes, type of treatment: Insulin Oral
 Previous Radiation: Yes No If yes, Date of last treatment: _____ Body Area: _____
 Previous Chemotherapy: Yes No If yes, Date of last treatment: _____ Body Area: _____
 Has the patient had a previous PET scan for the same cancer indication? Yes No
 Is the patient claustrophobic? Yes No

Insurance Information

Primary Insurance: _____
 Secondary Insurance: _____
 Pre-Authorization (Required): Yes No
 Pre-Authorization Number: _____
 Diagnosis Code (Required): _____
 Diagnosis: _____

To help determine medical necessity please fax the following documents:

- Most recent H&P
- Most recent progress notes
- Outside Pathology reports
- Outside Radiology reports
- Patient demographics

REASON FOR PET/CT Exam

ONCOLOGY		CARDIAC	
Standard Body 79803	Prostate	Stroke	Coronary Vessel- Myocardial Viability
Initial Treatment Strategy	PSMA (prostate only)	Cerebral	Serotonergic
Subsequent Treatment Strategy	Ga-68	P-18	
	P-18	Positron-emitter	** Includes testing regardless of patient sex
Whole Body 79806			
Abdomen, Pelvis, Vagina or Gynecological			
Initial Treatment Strategy			
Subsequent Treatment Strategy			

BRAIN

18F06 Alzheimer's & Frontal Temporal Dementia 79808	18F05 Tumor Evaluation - Recurrence vs Radiation
18F06 Epilepsy for Surgical Evaluation 79808	Neovasc 79808

ADDITIONAL CLINICAL HISTORY

REFERRING PHYSICIAN

Physician Signature: _____ Printed Name: _____
 Office Phone: _____ Fax: _____
 Contact Person: _____ Date: _____
 Physicians Address: _____