



GREATER LANSING

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PET Referral Form



at
 GREATER LANSING

Patient Name _____ DOB _____ Phone _____

Diagnosis/ICD Code(s)/Signs & Symptoms _____

Injury Date _____ Male Female Weight _____

Insurance Type(s) _____ Preauthorization # _____

Please fax Referral Form with the following:

- Most recent History & Physical
- Relevant pathology report(s)
- Most recent progress note(s)
- Relevant radiology report(s)—not from MSU
- Insurance card(s)—front and back

PET WITH NON-CONTRAST CT

ONCOLOGY

Diagnosis or Staging - FDG
Indicate cancer type: _____

Subsequent Treatment (*Restaging or treatment monitoring*)
CPT CODE 78815 (*skull base to proximal femur*) Radiologist's protocol
CPT CODE 78816 (*skull vertex to toes*) Radiologist's protocol

Neuroendocrine - Dotatate

Recurrent Prostate Cancer - PSMA

BRAIN
Alzheimer's Disease vs. Frontal Temporal Dementia
CPT CODES 78608 & 70450

CONTRAST CT

CT exams with contrast may be performed with all PET scans per Radiologist's protocol* **unless one of the following are checked:**

Do not administer contrast

IV contrast preferred

Check location(s):

Neck (CPT 70491)


Chest (CPT 71260)

Abdomen/Pelvis (CPT 74177)

CT Brain (CPT 70470)

**IV contrast will not be administered if patient has had a CT within the last 30 days or patient has contraindications.*

Referring Physician/Provider Information

Signature or stamp  _____

Physician/Provider Printed Name _____

Form filled out by _____

Office Phone _____ Office Fax _____