



EXAM REQUISITION

PATIENT INFORMATION

Name: _____ DOB: _____

Patient Phone (Main): _____ (Secondary): _____

① Male Female ② Pregnant: YES NO NA ③ Patient Weight: _____

④ Are you aware if the patient has M. Tuberculosis: YES NO

⑤ BUN: _____ Creatinine: _____ Date: _____

⑥ Requested appointment date and time: _____

Ordering Physician: _____ Physician Phone: _____

Physician Signature: _____ Today's Date: _____

INSURANCE

Insurance Carrier: _____ Phone: _____ ID# _____

Policy Type: HMO PPO POS Indemnity Medicare Medicaid Other:

(Please provide a front and back copy of the insurance card)

EXAM & CLINICAL INFORMATION *(Please fax clinicals with the Requisition)*

PET/CT _____
(Please choose from the following)

Diagnosis of new lesion Initial Staging prior to treatment

Monitoring of treatment response Restaging after completion of therapy

Suspected recurrence of a previously treated cancer

Diagnosis (ICD-9 / ICD10 Code): _____

CT CTA *(IV Contrast used at the discretion of the radiologist unless otherwise indicated)*
(Including, at the discretion of the radiologist, 3D reconstruction and plain films of requested area unless otherwise indicated)

Diagnosis (ICD-9 / ICD10 Code): _____

Body Location: _____

Form Completed By: _____ Phone: _____ Fax: _____

FOR MAP AND EXAM PREPARATION, PLEASE SEE BACK OF FORM

WHITE - Patient Copy bring to SWDCMI • YELLOW - Referring Physician's Office for Records

EXAM PREPARATION & GENERAL INFORMATION

☐ PET/CT Preparation: *(These preparations must be followed completely to ensure accurate test results.)*

- Remove as many carbohydrates from your evening meal the day before the exam.
- Do not eat anything after midnight the night before the exam. You may continue to drink only water after midnight.
- Do not eat anything the morning of the exam
- Drink plenty of water before the exam. No caffeine, sports drinks, regular or diet colas, or alcohol.
- No strenuous physical activity or exercise 24 hours prior to your exam.
- Do not take oral or injectable diabetic medication the day of the exam.
- Wear comfortable, loose fitting clothing, preferably sweat pants and top, or T-shirt for scanning. No emblems or designs. If you do not wear the proper clothing you will be asked to change into a gown.
- Do not wear anything with metal (underwire bra, zippers, buttons, snaps, etc)
- You may wear your hearing aides, glasses or dentures. They will be removed to scan.
- Leave all valuables at home. All rings and other jewelry will be removed to scan.
- Plan to stay 2 to 3 hours.
- Family members are not permitted in the resting rooms or scan rooms. Please limit family members that will be waiting in the waiting room to a minimum.

Arrival PET/CT

- Arrive at scheduled time, check in with admitting staff and fill out appropriate paperwork.
- A technologist will escort you to the resting area to review your medical history and administer your injection for the exam. (An I.V. will be started for the injection.)
- After the injection, you will rest in the preparation room for 60 minutes. We will ask you not to talk or read, just simply rest quietly. No electronic devices of any kind will be allowed in the resting area.

Cancellations:

- Due to the cost of the PET/CT injection, cancellations must be made at least 24 hours prior to your scheduled appointment time. Please notify the center at 214-345-8300 for cancellations. The injection is ordered the day before your examination.

☐ CT/CTA Preparation: *(These preparations must be followed completely to ensure accurate test results.)*

- **Women during childbearing ages (12-55) should be screened for the possibility of pregnancy before scheduling any CT procedures.**
- Please inform the scheduler if you are allergic to iodine, have impaired kidney function, or are taking oral medication to control your diabetes.
- It is very important that we speak with you prior to your exam so the radiologist can review your medical history before you arrive.
- ***If we are unable to reach you by 3:00 PM the day before your exam, please call our confirmations department at 214-345-8300 or your appointment may need to be rescheduled.***
- Do not eat 3 hours prior to your exam time.
- You may drink clear liquids until your exam time.
- Family members are not permitted in the scan room. Please limit family members that will be waiting in the waiting room to a minimum.

Arrival CT/CTA

- Abdomen: arrive 45 minutes early to receive contrast agents for your exam.
- Abdomen and Pelvis: arrive 1 Hour and 15 minutes early to receive contrast agents for your exam.
- Head, Neck, Chest, Spine: arrive 15 minutes prior to your exam.

****Payment is required at the time of service unless other arrangements have been made.****

Hours: Monday - Friday 7:00 AM - 5:00 PM

Parking: Parking Lot 9 is located on the SW corner of Fogelson Lane and Jackson Lane

Location: 8196 Walnut Hill Lane Suite LL30 / Dallas, Texas 75231

Scheduling Phone: 214-345-8300

Scheduling Fax: 214-345-8336

