



PET/CT Referral Form

Appt. Date/Time: _____

Pt. Name: _____ DOB: _____

Referring Physicians Signature: _____

Insurance: _____

Patient History/Diag: _____

ICD-9 Code: _____

Please check the study and clinical indication below

CPT Codes/Clinical Indicators

78608 PET Brain Imaging – metabolic evaluation

78815 PET/CT Tumor Imaging - base to mid thigh

78816 PET/CT Tumor imaging – whole body--*MELANOMA ONLY*

Patient Prep:

- Nothing by mouth except water 6 hours prior to appointment
- No diabetic medications 6 hours prior to appointment
- High protein, low carbohydrate diet the day before the scan
- No vigorous exercise 24 hours prior to appointment
- Dress warm and comfortably
- Arrive 15 minutes early for appointment