



# PET/CT suite

6820 Parkdale Place, Suite 105  
Indianapolis, IN 46254

Office: 317-329-7171 Fax: 317-329-7181

Appointment Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Appointment time: \_\_\_\_\_

## PET/CT REFERRAL SHEET

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Is Patient Diabetic:  YES  NO

Primary Insurance Company: \_\_\_\_\_ Pre-cert NA or # \_\_\_\_\_

Claims Address: \_\_\_\_\_

Guarantor: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Guarantor: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**If patient is claustrophobic please advise office when scheduling.**

### Referring Physician:

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Contact: \_\_\_\_\_

### Physician Signature:

\_\_\_\_\_

UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

### Other Exams:

Alzheimer's

Bone scans

Reason for Exam: \_\_\_\_\_

\_\_\_\_\_

Send CD with patient

Please check the appropriate boxes.

Diagnosis	Initial Staging (Prior to Treatment)
Monitoring during treatment	Re-staging Post treatment
Breast CA	Cervical
Colorectal	Esophageal
Head & Neck	NSCLC
SPN	Lymphoma
Melanoma	Thyroid
Other:	NOPR
ICD-9 Code: _____	

**If patient is claustrophobic please advise office when scheduling.**

## Preparing For Your Scan

### PET/CT SCAN

- Nothing by MOUTH (except water) 6 hours prior to arrival for your appointment
- Please allow 2-3 hours for your exam
- Bring a brief list of your current medications
- Upon arrival the technologist will explain the procedure to you
- If you are diabetic please call the center for special instructions

### Alzheimer's

- No Prep is necessary

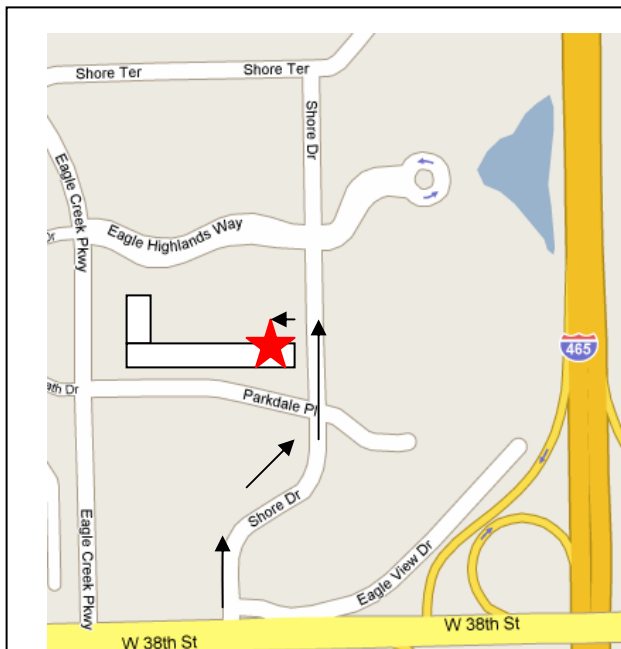
### F-18 Bone Scan

- You may eat and drink the day of the test
- Drink 64 ounces of water the day before the test
- Inject Tracer and wait 90 minutes (You may leave during the 90 minute wait)
- Scan Time 60-90 minutes

Test Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Study Time: \_\_\_\_\_



**West side of Indianapolis.**

Exit 17 on 465. You will go west to Shore Drive and turn right. Follow Shore Drive and go past Parkdale place and turn left into the parking lot on the north side of the building. There is no entrance off of Parkdale Place.

★ 6820 Parkdale Place, Suite 105  
Methodist Medical Plaza at  
Eagle Highland

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