



Patient Scheduling 703.698.4488

Fax 703.698.5930

Schedule online at fairfaxradiology.com



Prosperity Imaging Center
8503 Arlington Blvd., Ste. LL-120 (Lower Level), Fairfax, VA 22031

To avoid any delay, all information in this box must be completed.

Patient Name _____ DOB _____ / _____ / _____

Physician Name (Clearly Legible) FIRST NAME _____ LAST NAME _____

Physician Signature (Required) _____ Date _____

Additional Physicians to Receive a Report _____

Diabetes? Yes No Check boxes that apply: Insulin Oral Meds

Clinical History and Prior Treatments _____

Reason For Scan _____

Pre-Authorization Assistance Information

1. If you would like Fairfax PET/CT Imaging Center to obtain pre-authorization, please fax clinical notes to 703.698.8745.
2. If you have already obtained pre-authorization, please provide:
Pre-authorization # _____ and ICD-10 Code _____
3. If you have questions regarding pre-authorization, please call 703.752.7793. TAX ID#: 26-4587374 or NPI#: 1972838993

PET/CT Exam Request

When ordering for cancer patients please designate: Diagnosis Initial Staging Restaging

PET/CT Body Scan
Skull base to mid-thigh, CPT code 78815 OR
Whole Body, CPT code 78816
(determined based on the patient's diagnosis and medical history)

PET/CT NETSPOT Gallium 68 (Neuroendocrine Tumor)

PET/CT Brain Scan
Brain Metabolism, CPT code 78608

PET/CT Radiation Planning

Mask? Yes No

Arms: Up Down

Head Holder Size: _____

Map of Location

Also available online at fairfaxradiology.com

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Exam Instructions

Patient Preparation Instructions:

- No food or liquid (except water) 6 hours before procedure. Do not chew gum or mints.
- Continue taking prescribed medication(s).
- No strenuous work or exercise 24 hours before procedure.
- Avoid wearing metal (jewelry, zippers, clips, buckles etc.) and wear warm, comfortable clothing since the scanner room is cool.
- Bring a list of your medications.
- Bring any previous PET scans to the appointment.
- Bring any CT or MRI Films of the area of interest obtained within the last year. We can obtain images from Fairfax Radiological Consultants, P.C. or Inova Fairfax Hospital.
- If you are or may be pregnant, discuss this with your physician and inform the PET/CT staff.

Additional Patient Preparation Instructions for Diabetic Patients:

- Avoid carbohydrates 24 hours before procedure.
- Continue taking prescribed medication(s).

- No food or liquid (except water) 8 hours before procedure.
- Do NOT take insulin or oral medication for diabetes the morning of the procedure. However, bring the insulin to the appointment in order to take after you eat.

Patient Preparation Instructions for NETSPOT:

- Nothing by mouth except for water and medications for 2 hours prior to the study.
- Drink a sufficient amount of water to ensure adequate hydration prior to administration of Ga 68 Dotatate.
- Image patients with Ga 68 Dotatate just prior to dosing with long acting analogs of somatostatin. Short acting analogs of somatostatin can be used up to 24 hours before imaging with Ga 68 Dotatate.

After Your Scan:

Following the study, you may eat and resume your normal activities/diet. Fluid is encouraged to promote excretion of the FDG (tracer). Because there is a minimal amount of radiation remaining in your body for 6 – 8 hours following the exam, it is recommended that you avoid close contact with children and pregnant women.

■ Appointment Date: _____ ■ Appointment Time: _____

Referral Pad Reorder Sheet

A friendly reminder to reorder referral pads

Office Name _____ Date _____

Ordered By _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Referral Pad Requests – Please indicate number of referral pads needed

- | | |
|--|--|
| <input type="checkbox"/> General FRC # _____ | <input type="checkbox"/> Musculoskeletal # _____ |
| <input type="checkbox"/> Breast Imaging # _____ | <input type="checkbox"/> Ultrasound # _____ |
| <input type="checkbox"/> MRI # _____ | <input type="checkbox"/> Pain Management # _____ |
| <input type="checkbox"/> Nuclear Medicine # _____ | <input type="checkbox"/> Pelvic Floor # _____ |
| <input type="checkbox"/> PET/CT # _____ | <input type="checkbox"/> Thyroid FNA # _____ |
| <input type="checkbox"/> Fairfax Vein Center # _____ | |

Physician Resources

- | | |
|--|--|
| <input type="checkbox"/> Accessing Patient Reports and Images Online Guide | <input type="checkbox"/> Please have a representative contact me regarding _____ |
| <input type="checkbox"/> FRC Sites and Services Pad (50 Sheets) | |

Physician Brochures

CT (Computed Tomography)

- Cardiac CT Screening
- Lung CT Screening
- Radiation Dose and CT
- Virtual Colonoscopy

Breast Imaging

- Automated Breast Ultrasound Screening (ABUS)
- 3D Lower Dose Mammography/Tomosynthesis
- Breast Imaging Patient's Overview
- Breast MRI

Interventional Radiology

- Abdominal Aortic Aneurysm
- Liver Cancer Treatment
- Peripheral Arterial Disease
- Uterine Fibroid Embolization
- Varicose & Spider Veins
- Vertebroplasty

Other

- About PET Your PET/CT Scan
- Pain Management Patient's Overview
- Prostate MRI Patient Instructions
- Your Guide to Vein Treatments

To order supplies: ■ Fax this form to 703.698.4450 or Call 703.698.4481
■ Go to www.fairfaxradiology.com, under "Quick Find Physicians" select "Referral Pad Request Form"

