

EMORY HEALTHCARE

EMORY DEPARTMENT OF RADIOLOGY
POSITRON EMISSION TOMOGRAPHY

Outpatient Scheduling Form

To schedule FAX completed form to: (404) 778-5382, Voice contact: 404-778-4765 or 404-712-4453
Required information is indicated in BOLD, this request will be returned unscheduled, if incomplete.

Patient Name (Last Name, First Name, MI): _____ Medical Record Number: _____ Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Weight: _____ Insurance Plan/FSC: _____ Member Insurance #: _____	<i>Required information needed to schedule:</i> Referring MD: _____ NPI #: _____ PIC: _____ Fax: _____ Office Phone: _____ Office contact: _____ Patient's Phone (H/W/Cell): _____ _____ Radiology to call patient to schedule exam? <input type="checkbox"/> Yes <input type="checkbox"/> No
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▶ **ICD-9 Codes:** _____

▶ **Diagnosis/Indications:** _____

Prior FDG PET/CT exam: Yes No Other Prior Imaging Studies (check all that apply): CT MRI US None

Pregnant: Yes No N/A **Diabetic / Renal Disease** Yes No **Claustrophobic?** Yes No

Results needed for next appointment? Yes No **Requested Exam Date:** _____

Next Appointment Date: _____ **Time:** _____

<p>PET (PET/CT is routinely used for Tumor Imaging of the body. This exam includes a non-contrast CT scan.)</p> <input type="checkbox"/> Brain PET <input type="checkbox"/> Seizure <input type="checkbox"/> Tumor <input type="checkbox"/> Dementia <input type="checkbox"/> Other: _____	<p>Include Diagnostic CT with IV contrast</p> <input type="checkbox"/> Neck CT with IV contrast <input type="checkbox"/> Chest CT with IV contrast <input type="checkbox"/> Abdomen CT with portal phase IV contrast <input type="checkbox"/> Pelvis CT with portal phase IV contrast
<input type="checkbox"/> Body PET (Tumor) <i>Please identify primary cancer:</i> <input type="checkbox"/> Breast <input type="checkbox"/> Cervical <input type="checkbox"/> Colorectal <input type="checkbox"/> Esophageal <input type="checkbox"/> Head & Neck <input type="checkbox"/> Lung Nodule <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Lymphoma <input type="checkbox"/> CTCL <input type="checkbox"/> NHL <input type="checkbox"/> Melanoma <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Ovarian <input type="checkbox"/> Other: _____	<p><i>Indication for diagnostic CT Scan(s):</i></p> _____
<p><i>Indication for PET Tumor Scan:</i></p> <input type="checkbox"/> Diagnosis (includes avoiding or directing biopsy) <input type="checkbox"/> Initial treatment strategy <input type="checkbox"/> Subsequent treatment strategy <input type="checkbox"/> Other: _____	<p>Additional clinical history and symptoms:</p> _____

Physician Signature _____ (MD, DO, NP, PA) **Date:** _____ **Time:** _____

Scheduled Date: _____ **Scheduled time:** _____ AM / PM **Location:** _____

Emory Positron Emission Tomography/Computed Tomography (PET/CT)

Patient Preparation Instructions

Pre-Registration: Patients need to pre-register for imaging exams and procedures. Please call the appropriate Fast-Track Admissions number below prior to your appointment date:

Emory University Hospital (EUH): 404-686-5270 or 1-800-640-9293

- Hours of Operation: Monday - Friday 8:30 a.m. to 7 p.m. Closed weekends and holidays.

Emory University Hospital Midtown (EUHM): 404-351-3800

- Hours of Operation: Monday - Friday 9 a.m. to 8:30 p.m. Closed weekends and holidays.

- If you are PREGNANT or there is a possibility of you being pregnant you should not have these exams.
- Children are NOT allowed in the Nuclear Medicine department.
- These are preparation instructions for adult patients (16+).
- For pediatric patients under the age of 16, please call Children's Healthcare of Atlanta at 404-785-6078 or after hours at 404-785-6117.

Whole body & Brain PET/CT:

- You should drink only water for at least 6 hours prior to your study and you should not have anything to eat during this time.
- Refrain from any strenuous activity for 24 hours prior to this procedure.
- Medications that do not contain sugar may be taken with water. You should NOT take hypoglycemic medications or insulin for at least six hours prior to your test. Ask your pharmacist or prescribing physician if you are unsure if your medication contains sugar. Insulin pumps may be turned off 6 hours prior to your appointment.
- Do not take cough drops or cough suppressants or chew gum on the day of the exam. Ask your pharmacist or prescribing physician if you are unsure if your medication contains sugar.
- Please dress warmly.
- We will call you one to two days before your procedure to provide specific instructions.
- Please allow 3 hours for this visit.
- To reschedule or confirm an appointment time please call 404-778-4765. For questions about your procedure please call 404-712-4453.

Please talk with your doctor before stopping any medications.

For maps and directions to Emory Radiology sites, please call 404-778-7777 or visit us online at www.emoryhealthcare.org/radiology.