



REQUEST FOR SERVICE FORM

400 Taylor Blvd., Suite 105
 Pleasant Hill, CA 94523
 Phone (925) 826-1900
 Fax (925) 826-1910
 www.calimaging.com



Date: _____

PATIENT INFORMATION			
Name		DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone	Work/Cell Phone	SSN	Weight
Insurance(s)	Auth Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization#		Date scan needed by
CLINICAL INFORMATION			
Diagnosis (Covered indications listed on reverse)			ICD-9 Code
<input type="checkbox"/> Compare to prior exam			
Exam Type:	Date:	Location:	
Pertinent Clinical History/Purpose of Exam			
Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No In Skilled Nursing Facility <input type="checkbox"/> Yes <input type="checkbox"/> No Ambulatory <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No			

EXAM	
<input type="checkbox"/> Standard Whole Body PET/CT without IV contrast (CT for localization and attenuation correction) 78815- skull-base to mid-thigh	
<input type="checkbox"/> Non-Standard Protocol: _____ Please specify (i.e. 78816- Melanoma or inclusion of vertex and/or extremities, 78608- Brain, 78814- Limited area)	
<input type="checkbox"/> Standard Whole Body PET/CT + Diagnostic CT* with IV contrast of:	<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other
<i>See reverse for covered PET/CT indications</i>	
<input type="checkbox"/> Diagnostic CT* with IV contrast of:	<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other
<input type="checkbox"/> Diagnostic CT without IV contrast of:	<input type="checkbox"/> Neck <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Other
*Attach recent BUN/Creatinine labs	

Please attach copies of insurance card(s) and all prior reports for supporting documentation (i.e. PET, CT, MRI, Pathology).

REFERRING PHYSICIAN INFORMATION			
Name	U-PIN	NPI	Signature X
Office Number	Fax Number		Submitted by
CC <input type="checkbox"/> Report <input type="checkbox"/> CD to			

SCHEDULING INFORMATION (OFFICE USE ONLY)			
Initial Call to Patient	Follow-Up Calls	Scheduled on/by	Confirmed

This facsimile is meant for only the intended recipient of this transmission, and may contain information which is confidential, privileged and/or prohibited from disclosure by law. Please notify us immediately if you receive this in error and destroy all copies.

PATIENT INSTRUCTIONS

Preparing for a PET/CT Scan:

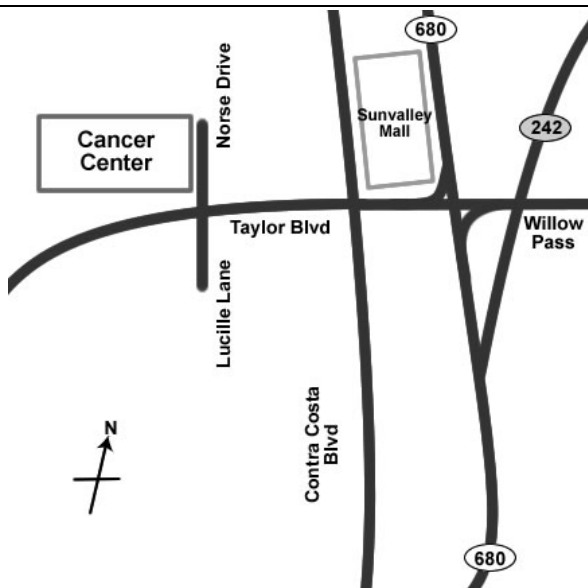
- **Drink water only.** No food or other liquids 6 hours prior to the appointment. Drink 3 glasses of water 1 hour prior to the appointment.
- Wear comfortable clothing without metal zippers or clasps.
- No vigorous exercise 24 hours prior to your scan.
- Allow up to 1 ½ - 2 hours for the total exam process. Actual scan time varies from 15 minutes to 40 minutes.
- *Insulin-dependent diabetic patients:* The sensitivity of this test is affected when your glucose levels are over 200. No insulin 6 hours prior to scan.
- No reading or talking is allowed while in uptake, you may bring your own CD player or I-Pod.

Preparing for a Diagnostic CT Scan:

- If you are having a CT scan of the Head, Neck, and/or Chest WITHOUT IV contrast, there are no special instructions.
- CT scans WITH IV contrast of the Head, Neck and/or Chest require fasting for 8 hours prior to the appointment and 3 glasses of water 1 hour prior to the appointment.
- All CT scans of the abdomen and/or pelvis (with or without IV Contrast), require fasting for 8 hours prior to the appointment and 3 glasses of water 1 hour prior to the appointment.

If there is a possibility of pregnancy, please inform our staff prior to your appointment.

DRIVING DIRECTIONS



Imaging is located on the first floor of the California Cancer and Research Institute.

Driving North on I-680:

Take the Willow Pass Road Exit, turn left onto Willow Pass Road. Willow Pass Road turns into Taylor Blvd., proceed 0.7 miles. The Center is located on the right side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

Driving South on I-680:

Take the Willow Pass Road Exit, turn right at Sunvalley Blvd/Willow Pass Rd. Willow Pass Road turns into Taylor Blvd., proceed 0.7 miles. The Center is located on the right side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

Driving East on Highway 24:

Highway 24 East toward Walnut Creek. Take the Pleasant Hill Road North Exit, go 1.9 miles. Veer onto Taylor Blvd, go 3.6 miles. The Center is located on the left side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

Medicare Covered Indications

Tumor Type		Initial Treatment (diagnosis or initial staging)	Subsequent Treatment (re-staging, treatment monitoring, suspected recurrence)
Cervical	Esophageal	Covered	Covered
Head/Neck	Lymphoma		
NSCLC	Myeloma		
Ovarian			
Brain		Covered	NOPR
Breast		<i>Covered for initial staging of metastatic disease only</i>	Covered
Melanoma		<i>Covered except initial staging of regional lymph nodes</i>	Covered
Pancreatic		Covered	NOPR
Prostate		Not Covered	NOPR
Small Cell Lung		Covered	NOPR
Soft Tissue Sarcoma		Covered	NOPR
Testicular		Covered	NOPR
Thyroid		Covered	NOPR
Other solid tumors		Covered	NOPR
Other cancers not listed		NOPR	NOPR

NOPR - covered with entry in the National Oncologic PET Registry - please contact our office for details.

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