



STOCKTON HEMATOLOGY ONCOLOGY MEDICAL GROUP, INC.

## SHOMG PET/CT ORDER FORM

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

HT: \_\_\_\_\_ in. WT: \_\_\_\_\_ lbs.      Diagnosis Code: \_\_\_\_\_

### DIAGNOSIS

- |  |   |
|--|---|
| <input type="checkbox"/> Solitary Lung Nodule                              | <input type="checkbox"/> Brain Mets 2 <sup>nd</sup> to primary diagnosis  |
| <input type="checkbox"/> Brain Tumor (dedicated brain must have MRI prior) | <input type="checkbox"/> Thyroid  |
| <input type="checkbox"/> Cervical Cancer                                   | <input type="checkbox"/> Colorectal Cancer                                |
| <input type="checkbox"/> Breast Cancer                                     | <input type="checkbox"/> Lymphoma   |
| <input type="checkbox"/> Esophageal Cancer                                 | <input type="checkbox"/> Lymphoma-cutaneous and/or bone (whole body scan) |
| <input type="checkbox"/> Lung Cancer (Non-Small Cell)                      | <input type="checkbox"/> Head and Neck Cancers                            |
| <input type="checkbox"/> Lung Cancer (small cell)                          | <input type="checkbox"/> Pancreatic Cancer                                |
| <input type="checkbox"/> Ovarian Cancer                                    | <input type="checkbox"/> Melanoma (whole body scan)                       |
| <input type="checkbox"/> Testicular Cancer                                 | <input type="checkbox"/> Soft Tissue Sarcomas                             |
| <input type="checkbox"/> Other Indications _____                           |   |

Please check one of the following:

- 78815 Skull base to mid-thigh       78816 Whole Body Scan       78609 Dedicated Brain Scan  
 A9552 (F-18 FDG Dose) (Include in request for authorization)       A9558 Axumin

Check appropriate:

- Initial treatment Strategy  
(Formerly "diagnosis" & "Staging")       Subsequent Treatment Strategy  
(Formerly "restaging" & "monitoring response to TRT")

Referring physician Signature \_\_\_\_\_ Date \_\_\_\_\_



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