



STOCKTON HEMATOLOGY ONCOLOGY MEDICAL GROUP, INC.

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SHOMG PET/CT ORDER FORM

Phone (209)292-8542 Fax (209)932-9298

PATIENT NAME: _____ DOB: _____
HT: _____ in. WT: _____ lbs. Diagnosis Code: _____

DIAGNOSIS:

- | | |
|--|---|
| <input type="checkbox"/> Solitary Lung Nodule | <input type="checkbox"/> Brain Mets 2 nd 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: Include on request for authorization:

- 78815 Skull base to mid-thigh 78816 Whole Body Scan 78815 Vertex to mid thigh

Please check one of the following: Include on request for authorization:

- A9552 (F-18 FDG Dose) quantity 1 units A9588 Axumin (prostate specific) quantity 10 units
 A9595 Pylarify quantity 9 units

Please check one of the following:

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

Referring physician Signature _____ Date _____

****PSA REQUIRED WITHIN 30 DAYS FOR AXUMIN AND PYLARIFY ORDERS****