



## STOCKTON HEMATOLOGY ONCOLOGY MEDICAL GROUP, INC.

PET/CT: 2626 N. CALIFORNIA STREET, STE H, STOCKTON, CA 95204  
PHONE: (209) 292-8542 FAX: (209) 932-9298 EMAIL: PET@shomg.net

### PET/CT ORDER FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ HT: \_\_\_\_\_ in. WT: \_\_\_\_\_ lbs.

DIAGNOSIS: (Select one) ICD-10: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Solitary Lung Nodule                   | <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"/> Brain Specific: Alzheimer's / Dementia | <input type="checkbox"/> Prostate   |
| <input type="checkbox"/> Other Indications _____                |   |

### EXAMINATION INFORMATION

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

- ☐ **78815 Skull Base to Mid-Thigh**
- ☐ **78815 Vertex to Mid-Thigh (Top of Head to Mid-Thigh)**
- ☐ **78816 Whole Body**
- ☐ **78814 Limited Area: Brain**

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

#### \*\*PSA REQUIRED WITHIN 90 DAYS FOR PSMA ORDERS\*\*

- ☐ **A9552 (F-18 FDG Dose) quantity 1 units**
- ☐ **A9596 Illucix (PSMA gad) quantity 5 units - Prostate Specific**
- ☐ **A9595 Pylarify (PSMA) quantity 9 units - Prostate Specific**
- ☐ **Q9983 Neuraceq (Florbetaben F-18) quantity 9 units - Brain Specific**
- ☐ **A9586 Amyvid (Florbetaben F-18) quantity 10 units - Brain Specific**

Please check one of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Initial treatment Strategy | <input type="checkbox"/> Subsequent Treatment Strategy |
| (Formerly "diagnosis" & "Staging")                  | (Formerly "restaging" & "monitoring response to TRT")  |

**\*\*ORDER MAY BE MODIFIED PER RADIOLOGIST PROTOCOL\*\***

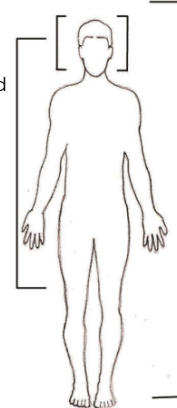
Referring Physician Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Limited Area 78814**  
Alzheimer's Disease  
Dementia

**Skull Base 78815 to Mid-Thigh**  
For indications not listed for Whole Body.  
Most common indications:  
Breast  
Colorectal  
Esophageal  
Lung  
Lymphoma  
Ovarian  
Soft Tissue Sarcomas  
Thyroid  
Uterine  
**Vertex 78815 to Mid-Thigh**  
Most common indications:  
Prostate  
Head & Neck



**Whole Body 78816**  
Most common indications:  
Melanoma  
Merkel Cell  
Myeloma  
Bone Sarcomas  
T-Cell Lymphoma

Note: A Whole Body PET/CT is indicated if the patient has known disease in the extremities or new extremity complaints.