Shields PET/CT

PET/CT Written Order Form

To schedule PET/CT studies please
Call: 1-866-258-4PET (4738) or
Fax: 1-617-603-8004

To ensure fastest processing, please use **checkmarks** (✓) and **complete all fields**.

- ☐ **ANNA JAQUES HOSPITAL** Newburyport | Tax ID# 38-3989358
- ☐ **ATHOL HOSPITAL** Athol | Tax ID#: 88-1383061
- ☐ **BAYSTATE HEALTH** Springfield | Tax ID#: 04-3454301
- ☐ **BERKSHIRE MEDICAL CENTER HILLCREST CAMPUS** Pittsfield | Tax ID#: 36-4872927
- ☐ **CAPE COD - HARWICH** Harwich | Tax ID#: 26-3892846
- ☐ **CENTRAL MAINE MEDICAL** Lewiston, ME | Tax ID#: 30-0952705
- ☐ **COOLEY DICKINSON HOSPITAL** Northampton | Tax ID#: #36-4827495
- ☐ **DEDHAM ATRIUS HEALTH** Dedham | Tax ID#: 93-4703281
- ☐ **EMERSON HOSPITAL** Concord | Tax ID#: 85-2016078
- ☐ **HARRINGTON HOSPITAL** Southbridge | Tax ID#: 04-3454298
- ☐ **MARLBOROUGH HOSPITAL** Marlborough | Tax ID# 04-3454298
- ☐ **MELROSE-WAKEFIELD HOSPITAL** Wakefield | Tax ID#: 92-0630367
- ☐ **METROWEST PET/CT** Framingham | Tax ID#: 80-0715912
- ☐ **DANA FARBER CANCER CENTER** Milford | Tax ID#: 39-2298014
- ☐ **SIGNATURE HEALTHCARE** Brockton | Tax ID#: 32-0477114
- ☐ **SOUTH SHORE HOSPITAL** Weymouth | Tax ID#: 04-3548940
- ☐ **STONEMAN OUTPATIENT CENTER** Sandwich | Tax ID#: 26-3892846
- ☐ **STURDY MEMORIAL HOSPITAL** Attleboro | Tax ID#: # 36-4819685
- ☐ **TUFTS MEDICAL CENTER** Boston | Tax ID#: 80-0715912
- ☐ **UMASS BURBANK CAMPUS** Fitchburg | Tax ID#: 04-3454298
- ☐ **UMASS SHREWSBURY ST** Worcester | Tax ID#: 04-3454298
- ☐ **YORK HOSPITAL** Wells, ME | Tax ID#: 81-5066570

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Weight: _____ Height: _____ Phone: _____ Cell: _____

Primary & Secondary Insurance: _____

Subscriber IDs: _____ Authorization: _____

Valid Dates: _____ Translation Services Needed? ☐ *YES* ☐ *NO*

Requested Procedure:

ORDERS FOR CPT 78815 & 78816 ARE REQUIRED TO INCLUDE ITEMS LISTED ON THE BACKSIDE OF THIS FORM

**** Requires Intake Form***

- ☐ **78815 Skull Base to Mid-Thigh [Tracer A9552] (Oncology/Tumor Imaging)**
- ☐ **78816 Whole Body [Tracer A9552] (Melanoma, Myeloma, Sarcoma)**
- ☐ **78815 Axumin Fluciclovine F-18 [TracerA9588] (Recurring Prostate Cancer)**
- ☐ **78815 *PSMA Pylarify F-18 DCFPyL [TracerA9595] (Prostate Cancer)**
- ☐ **78815 *PSMA Illuccix Ga68-PSMA-11 [Tracer A9596] (Prostate Cancer)**
- ☐ **78815 *NetSpot - Gallium Ga 68 Dotatate [TracerA9587] (Neuroendocrine Tumors)**
- ☐ **78815 *Cerianna [TracerA9591] (Breast Cancer)**
- ☐ **78814 Neuraceq Amyloid Brain [TracerQ9983]**
- ☐ **78608 Metabolic Brain [TracerA9552] (Evaluation of tumor recurrence, Refractory seizures, Alzheimer's disease)**
- ☐ **78429 Myocardial Imaging [TracerA9552] (Cardiac Sarcoidosis)**

ICD-10 Code: _____ Reason for Exam/Diagnosis: _____

Treatment: ☐ Initial Treatment/Staging ☐ Subsequent Treatment/Restaging

Priority Status: ☐ STAT ☐ Routine

Has patient had prior imaging? ☐ Yes ☐ No If yes, provide facility and date(s): _____

REFERRING PHYSICIAN INFORMATION

Physician Signature: _____ Phone #: _____

Physician Name (First and Last): _____ Fax #: _____

Physician's NPI: _____ Physician Email: _____ Expected Date of Service: _____

By signing this request form, I acknowledge full responsibility for the information that must be completed and maintained in this patient's medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review. Shields Health may provide information related to appointments, exeprience, results and more, through the mobile and email. We are committed to your privacy and will not share your information with any third party.

PLEASE SEE BACKSIDE FOR LIST OF REQUIRED DOCUMENTATION FOR THIS ORDER

PET/CT SCAN PRESCHEDULING CHECKLIST

This is a list of requirements to ensure all parts of the patient's profile are completed. These documented procedures, examinations, and reports are required *prior* to the scheduling of the PET/CT appointment.

The following are REQUIRED for CPT 78815 & 78816:

- ☐ Written Order
  - ☐ Indication including Initial/Restaging
  - ☐ ICD10 Codes
- ☐ Diagnostic Tests
  - ■ Any **prior imaging/radiology reports** (leading up to the PET scan) related to patient diagnosis.
- ☐ **Pathology Reports** (or Biopsy Reports)
- ☐ Clinical Notes
  - ■ H&P which is to include medical history and current list of medications
- ☐ Progress Notes
- ☐ Physician Consultations

This checklist is not for the use of any Brain PET/CT scans, please refer to the Brain Scan Prescheduling Checklist