



NORTHERN CALIFORNIA
PET Imaging Center

DIAGNOSTIC CT SCAN REQUEST FORM

MIDTOWN SACRAMENTO

3195 Folsom Boulevard · Sacramento, CA 95816-5233
Phone: 916-737-3211 – 888-738-3211
Fax: 916-737-6203

EXAM DATE: _____ TIME: _____

INTRODUCING:

Patient Name: _____

DOB: _____ - _____ - _____ Gender: M F

Street Address: _____ City, Zip: _____

Phone: Hm _____ Wk _____ SSN: _____ - _____ - _____

Height: _____	Weight: _____
Diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Claustrophobic: <input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE (FAX copy of front and back of card)

Primary: _____ Policy #: _____ Auth #: _____

Secondary: _____ Policy #: _____ Auth #: _____

REFERRING

Physician: _____ Ph: _____ Fax: _____

Contact Name/Phone: _____

Copy To: _____ Fax: _____

Please FAX copy of Diagnostic Imaging Reports, History, Lab Results to 916-737-6203

DIAGNOSTIC CT SCAN REQUESTED

- | | w/ | CPT CODES:
w/o | w/ & w/o |
|---|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Abdomen | <input type="radio"/> 74160 | <input type="radio"/> 74150 | <input type="radio"/> 74170 |
| <input type="checkbox"/> Chest | <input type="radio"/> 71260 | <input type="radio"/> 71250 | <input type="radio"/> 71270 |
| <input type="checkbox"/> Pelvis | <input type="radio"/> 72193 | <input type="radio"/> 72192 | <input type="radio"/> 72194 |
| <input type="checkbox"/> Soft Tissue Neck | <input type="radio"/> 70491 | <input type="radio"/> 70490 | <input type="radio"/> 70492 |
|
 | | | |
| <input type="checkbox"/> Other Not Listed | _____ | | |

Current Lab Values: BUN _____ Creatinine _____ Date Drawn _____

Any Adverse Reaction to Contrast? Yes No

Medical Necessity Statement: _____

SIGNATURE of Referring Physician: _____ Date: _____
(Required)

INFORMATION FOR PATIENTS

CT Scan Preparations:

- You should NOT eat or drink after midnight, except for water only.
- Take all prescribed medications on the day of your exam, unless instructed otherwise.
- Drink 6 - 8 glasses of water the day before the exam and several the day of the exam to ensure hydration.
- Refrain from very strenuous exercise for 24 hours prior to your exam.
- If you would prefer not to change into a gown, please wear comfortable clothing with no zippers or snaps.
- Please bring your prior imaging procedures with you, such as PET, CT, and MRI, if possible.
- Please inform us ahead of time if you are a **DIABETIC**, and we will discuss preparation with you.
- Please let us know if you might be pregnant or are currently breast feeding.
- Please do not bring children or pregnant women with you (due to the radioactive material that will be injected).

For Scheduling / Reports / Information, call 888-PET-3211 (888-738-3211)

VISIT OUR WEBSITE: www.norcalscans.org