McLaren
GREATER LANSING

PET/CT - ORDER FORM

Scheduling: 517-975-2695
Fax: 517-975-2909

Ordering Physician Name (print)	Signature Date
Physician Office Phone	Physician Office Fax
Office Contact Name	SS#
Patient Name	Work Phone
Home Phone	Insurance
Date of Birth	Diagnosis
ICD.9.CM Code **(Mandatory)**	Comments
Authorization#	

Whole Body PET Approved Indications (Oncology)

Lung Cancer (non-small cell) **78815**
- ☐ Diagnosis
- ☐ Initial Staging
- ☐ Restaging

Breast Cancer **78815**
- ☐ Staging/Restaging
- ☐ Response to Treatment

Colorectal Cancer **78815**
- ☐ Diagnosis
- ☐ Initial Staging
- ☐ Restaging

Melanoma **78816**
- ☐ Diagnosis
- ☐ Initial Staging
- ☐ Restaging

Cervical **78815**
- ☐ Staging

Single Pulmonary Nodule **78815**
- ☐ Characterization

Lymphoma **78815**
- ☐ Diagnostic
- ☐ Initial Staging
- ☐ Restaging

Head and Neck Cancer **78815**
- ☐ Diagnostic
- ☐ Initial Staging
- ☐ Restaging

Esophageal Cancer **78815**
- ☐ Diagnosis
- ☐ Initial Staging
- ☐ Restaging

Thyroid Cancer **78815**
- ☐ Restaging

Other: _____
- ☐ Diagnosis
- ☐ Initial Staging
- ☐ Restaging

PET Registry
- ☐ Please include pre-pet form.

Approved Indications (Neurology)

(78608)
Alzheimer's Disease — ☐ Differential diagnosis *(please use Alzheimer request form)*

(78608)
Refractory Seizures — ☐ Pre-Surgical Evaluation

Approved Indications (Cardiology)

Myocardial Viability 78459
- ☐ Primary or initial diagnosis prior to revascularization
- ☐ After inconclusive spect

Myocardial Perfusion
- ☐ Single study (rest or stress) 78491
- ☐ Multiple study (rest or stress) 78492

Previous Procedure	Date Performed	Facility Performed
CT		
MRI		
US		
PET/Nuclear Medicine		

Patient Authorization:

I authorize the release of my medical information pertaining to my PET scan to the hospital check above and my insurance company.

_____ _____

Patient Signature Date

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