

Morton A. Kreitchman PET Center

David A. Gardner PET Imaging Research Center



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COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS

Morton A. Kreitchman PET Center & David A. Gardner PET Imaging Research Center
work in association with Columbia-Presbyterian Eastside Radiology.

Patient's Name: _____ Social Security Number: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____
 Pregnant? Yes No First Day of Last Menses: _____ Breast Feeding? Yes No
 Insurance Carrier: _____ Insurance Identification #: _____
 Referring Physician: _____ Medical Specialty: _____
 Physician's Address: _____
 UPIN#: _____ NPI# _____ License#: _____
 Phone Number: _____ Fax: _____ E-mail: _____

Type of PET-CT Scan requested: Diagnosis Initial Staging Restaging
 PET-CT 78815 Whole Body (Skull Base to Mid Thigh) **PET-CT 78816** Whole Body (Head to Toe e.g. Melanoma) **PET-CT 78608** Brain **PET-CT 78814** Limited Area (e.g. Chest, Head/Neck)

Type of PET Scan requested: Diagnosis Initial Staging Restaging
 PET 78812 Whole Body (Skull Base to Mid Thigh) **PET 78813** Whole Body (Head to Toe e.g. Melanoma) **PET 78608** Brain **PET 78811** Limited Area (e.g. Chest, Head/Neck)

Diagnostic IV Contrast Enhanced CT scheduled same day as PET or PET-CT:

CT from Skull Base to Mid Thigh 70491, 71260, 74160, 72193 CT from Head to Mid Thigh (e.g. Melanoma) 70460, 70491, 71260, 74160, 72193
 CT of the Brain 70460 CT of the Neck 70491 CT of the Chest 71260 CT of the Abdomen 74160 CT of the Pelvis 72193

Reason/ICD9 Code for PET Scan: _____

Last Treatment Date: Surgery: _____ Radiation Therapy: _____ Chemotherapy: _____

Relevant Medical / Surgical History (e.g., Infection, Medications): _____

Signature of Requesting Physician: _____ Today's Date: _____

PET or PET-CT Pre-authorization#: _____ IV Contrast CT Pre-authorization#: _____

Appointment Date: _____ Patient Columbia MRN: _____

Film requested Yes No Film or CD (address): _____

CD Requested Yes No _____

Fax Report Yes No Fax #: _____ Fax #: _____

For Kreitchman PET center use only

| | WB | | Scalp | | Arms | | Legs | | Oral Contrast | | Brain | | |
|--------------------------------|--------------------------|--------------------------|--------------------------------|-------------------------------|--------------------------------|----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | NCAP | Neck-CAP | Yes | No | Down | Up | Yes | No | 1 hr | 2 hr | 30 min | 40 min | 50 min |
| PET-CT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PET | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diagnostic CT with IV contrast | | | <input type="checkbox"/> Brain | <input type="checkbox"/> Neck | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis | | | | | | |

Fellow: _____ Scheduler: _____ Previous patient: No Yes PET-CT PET Date: _____

Comments: _____

Patient Preparations

- 1. Within 24 hours prior to your appointment:**
 - A. Avoid drinking alcohol
 - B. Avoid exercise
- 2. Within 6-12 hours prior to your appointment:**
 - A. Stay on low carbohydrate diet.
- 3. Within 6 hours prior to your appointment:**
 - A. Do not eat anything
 - B. Drink several glasses of water.
- 4. On the day of your appointment:**
 - A. Take all prescribed medications as directed
 - B. Bring prior CT or MRI films to appointment
 - C. Notify staff of possible pregnancy or breast feeding
 - D. Pre-scan pregnancy blood test may be required
- 5. Diabetic patients:**
 - A. Insulin dependent patients should not administer insulin within 6 hours of the appointment
 - B. Glucose level must be 200mg/dl or below at time of appointment
- 6. For claustrophobic & pediatric patients:**
 - A. Sedatives may be prescribed by the referring physician. Sedation is strongly recommended for Head & Neck protocol.

Diagnostic IV Contrast Enhanced CT Patient Preparations

- 1. Allergies:**
 - A. Careful assessment for allergies must occur prior to the administration of contrast. Iodinated contrast agents have the potential to cause allergic-like reactions. Reactions may occur immediately or take several hours to present.
 - B. Non-iodinated contrast agents such as barium sulfate suspension or ReadCat® may contain gums or carrageenan components which have the potential to cause latex-allergy like symptoms or anaphylactic reactions. In patients with latex allergies, barium products cannot be administered.
- 2. BUN/Creatinine levels must be obtained within 2 weeks prior to administration of iodinated contrast in patients with the following conditions:**
 - A. Known renal failure/dysfunction
 - B. Diabetes with known or suspected renal disease
 - C. Diabetes on oral hypoglycemics containing metformin
 - D. Severe atherosclerotic disease (prior MI, stroke, bypass surgery)
 - E. Multiple myeloma
 - F. Sickle cell disease
 - G. Myasthenia Gravis
 - H. History of chemotherapy within 2 months
- 3. Diabetic patients:**
 - A. Diabetic patients taking metformin (e.g., Glucophage®, Glucophage XR®, Avandamet®, Metaglip®, Actoplus Met®, Janumet®, Glucovance®) are at risk for lactic acidosis if metformin is taken concurrently with iodinated contrast media.
 - B. Follow up BUN/Creatinine levels should be obtained within 48 hours after administration of iodinated contrast to exclude BUN/Creatinine elevation prior to resuming metformin.
- 4. Explain common sensations caused by intravenous contrast media:**
 - A. Warm, flushed feeling throughout the body
 - B. Metallic taste in mouth
 - C. Mild nausea
- 5. Patients who are nursing/breastfeeding must be instructed to discontinue nursing for 24 hours after receiving contrast.**
- 6. No solid food may be consumed for at least six (6) hours prior to the procedure. Patients should take all of their prescribed medications.**
- 7. Administration of iodinated contrast must not be repeated within a 24-hour period without a physician's note in the medical record.**

Directions to Morton A. Kreitchman PET Center and David A. Gardner PET Imaging Research Center

Our facility is conveniently located at 722 West 168th Street and cross street Haven Avenue on the R1 floor. Parking is available at the Milstein Hospital entrance or you may park at the hospital lot on Fort Washington Avenue between 164th and 165th Streets. For public transportation, you can take the A, C, or subway lines or the M2, M3, M4, M5, M100, or BX7 bus lines to 168th street.

Handicap Assistance: Please call if handicap assistance is needed.

Columbia University diagnostic imaging services in association with Columbia-Presbyterian Eastside Radiology, Morton A. Kreitchman PET Imaging Center, & David A. Gardner PET Imaging Research Center

