

Morton A. Kreitchman PET Center
David A. Gardner PET Imaging Research Center



722 West 168th Street • R1 Floor • New York, NY 10032
Phone: 212.342.2899 • Fax: 212.342.3745
Tax ID# 13-3908642 • NPI# 1730297011

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.

REFERRAL FORM

Today's Date: _____ Please Schedule By: _____

Would you like a faxed confirmation with your patient's date of service? Yes No

MRN: _____ NOPR: Yes No

Patient's Name: _____ Date of Birth: _____ Sex: _____

Home Phone Number: _____ Work Phone Number: _____

Patient's Primary Insurance: _____ Authorization / Notification # (if applicable): _____

Reason for Scan/Clinical Question/Dx: _____

Referring Physician: _____ NPI# _____

Email: _____

Physician's Address: _____

(Report, Images and DVD will be delivered to this address)

Physician's Telephone Number: _____ Physician's Fax Number: _____

(Report will be faxed to this number)

PET/CT Scan

PLEASE FORWARD ALL DIAGNOSTIC IMAGING REPORTS (FROM THE PAST 12 MONTHS) THAT PERTAIN TO THE PATIENT'S DIAGNOSIS.

Please indicate if scan is for: Diagnosis Initial Staging Restaging NaF-18 Bone Scan

- FDG Body Scan**
 - Skull base to mid-thigh
 - Whole Body
- Brain Scan**
 - Amyvid PET CT Brain Scan
 - Brain Metabolism
 - Other _____
- Cardiac**
 - Viability
 - Perfusion

(determined based on the patient's diagnosis and medical history)

Diagnostic CT Scan

- | | | | |
|--------------------------------|---|---|--|
| Head | Spine | Body | Extremities |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Neck | <input type="checkbox"/> Upper Extremity |
| | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Chest | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Abdomen/Pelvis | <input type="checkbox"/> Lower Extremity |
| | | | <input type="checkbox"/> Left <input type="checkbox"/> Right |

Contrast Please choose from the following:
 With Contrast IV Oral
 Without Contrast
Known IV Contrast Allergy? Yes No

Signature of Requesting Physician: _____

(Required)

Please let your doctor know if you are or may be pregnant.

PATIENT PREPARATIONS

1. Within 6 hours prior to your appointment:

- A. Take all prescribed medications as directed
- B. Do not eat any food
- C. Drink several glasses of water

2. Diabetic patients:

- A. Insulin dependent patients should not receive insulin within 6 hours of the appointment

3. On the day of your appointment:

- A. Take all prescribed medications as directed
- B. Bring any prior CT or MRI scans to appointment
- C. Notify staff if you are pregnant or breastfeeding
- D. Average stay at the facility will be two hours for PET/CT

DIRECTIONS TO OUR FACILITY

Our facility is conveniently located at 722 168th Street (Mailman Building) on the R1 floor. Parking is available at the Milstein 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 1 subway lines or the M2, M3, M4, M5, M100, or BX7 bus lines to 168th Street.

Handicap Assistance: Please call if any accessibility assistance is needed.

Hours of Operation: Monday thru Friday: 8am – 5pm
Extended hours are available as needed.

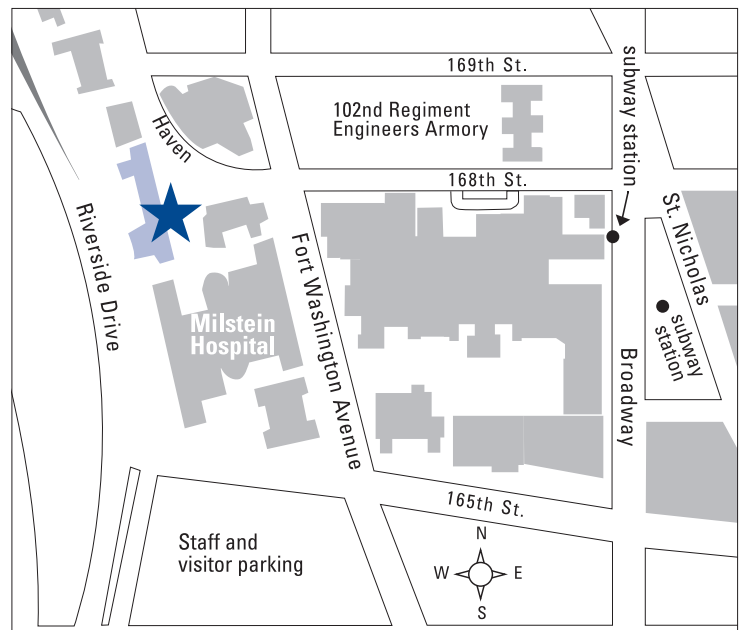
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**To order more referral forms,
please call us at:
(646) 596-3819**