NEWTON-WELLESLEY HOSPITAL

2014 Washington Street
Newton, Massachusetts 02462

P.E.T. Scheduling: (617) 243-6292
Fax to Scheduling: (617) 243-6776

CD Requested: _____ **Date Scheduled:** _____

Patient Name: _____ **DOB:** _____ **Patient Tel:** _____

Patient Diagnosis: _____

Clinical Information / signs and symptoms: (Biopsy, surgeries, imaging info): _____

Ordering Physician (Please Print Name): _____

Physician Telephone: **Physician Fax:**

Name of Insurance Co.	Insurance Co. Phone #	Subscriber's Insurance I.D.	Insurance Auth. #

Patient Information: **Weight:** **Pregnant:** **Y or N** **Diabetic:** **Y or N**

Previous CT @ NWH ☐ Y ☐ N **Previous MR @ NWH** ☐ Y ☐ N **Other CT/MR** ☐ Y ☐ N **Where?**

PET Scan Request with CT Attenuation Correction

Diagnostic CT is a Separate Request

Breast Cancer
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify):

Esophageal Cancer
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify):

Melanoma
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify):

(Specify Site): _____

Head & Neck Cancer
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify):

Colorectal Cancer
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify):

Thyroid Cancer
- ☐ Restaging, follicular

Cervical Cancer
- ☐ Staging

Lymphoma
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify): _____

Lung Cancer
- ☐ NSCLC Diagnosis
- ☐ NSCLC Staging
- ☐ NSCLC Restaging
- ☐ Solitary Pulmonary nodule >5 mm
- ☐ Other Lung Cancer Specify: _____

Cardiac
- ☐ Myocardial Viability

Brain
- ☐ Refractory Seizure, pre-op
- ☐ Alzheimer's vs Fronto-Temporal Dementia

Other Tumor
- ☐ Ovarian
- ☐ Sarcoma
- ☐ Pancreatic
- ☐ Small Cell Lung
- ☐ Testicular
- ☐ Unknown Primary
- ☐ Other Primary (Specify): _____
- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging
- ☐ Other (Specify): _____

Diagnostic CT Request

Head	Neck	Chest	Abdomen	Pelvis
☐ Non-Contrast	☐ Non-Contrast	☐ Non-Contrast	☐ Non-Contrast	☐ Non-Contrast
☐ Contrast Enhanced	☐ Contrast Enhanced	☐ Contrast Enhanced	☐ Contrast Enhanced	☐ Contrast Enhanced

QUESTIONNAIRE

1.) Is IV contrast contraindicated for any reason? _____

2.) Is there a history of prior contrast allergy? _____

3.) Does the patient have a history of renal insufficiency or renal disease? _____

4.) Is there a recent BUN and Creatinine? _____

(if the patient is 55 or older we need labs less than 6 months old)

5.) Is the patient on Glucophage? _____

6.) Is there a history of asthma, sickle cell anemia, multiple myeloma?

7.) Is the patient dehydrated? _____

8.) Can the issue of IV contrast be at the Radiologist discretion? _____

SPECIAL INSTRUCTIONS: _____

PHYSICIAN'S SIGNATURE: UPIN#: DATE ORDERED

PLEASE ASK PATIENT TO BRING MOST RECENT X-RAYS, CT, MRI, OR OTHER TEST RESULTS ON THE DAY OF EXAM.

PS056927 (10/07)