



# Columbia Kreitchman PET Center

Today Date \_\_\_\_\_

COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS

Patient's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Insurance: \_\_\_\_\_ Insurance Identification #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_

Physician Address: \_\_\_\_\_ UPIN #: \_\_\_\_\_

License: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Type of PET Scan Requested:  PET  PET-CT For  Diagnosis  Initial staging  Restaging

PET 78812 Tumor imaging  PET 78813 Tumor imaging  PET 78811 Brain  PET 78811 Tumor imaging  
*Skull base to mid thigh Whole body (exclude brain) Limited area*

PET-CT 78815 Tumor imaging  PET-CT 78816 Tumor imaging  PET-CT 78814 Brain  PET-CT 78814 Tumor imaging  
*Skull base to mid thigh Whole body (exclude brain) Limited area*

Is patient pregnant?  Yes  No Date of Last Menses \_\_\_\_\_ Breast Feeding?  Yes  No

Reason for PET Scan: \_\_\_\_\_

Last Treatment Date:  Surgery: \_\_\_\_\_  Radiation Therapy: \_\_\_\_\_  Chemotherapy: \_\_\_\_\_

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

Signature of Requesting Physician: \_\_\_\_\_

### General Patient Preparations:

- Take all prescribed medications on the day of your scan unless otherwise instructed.
- For diabetic patients, take all prescribed medications and eat a small meal 4-5 hours before the exam. Bring your medications/insulin with you to the PET Center. Make sure your glucose level is at or below 160 mg/dL. A snack will be provided at the completion of your scan.
- If your appointment is in the afternoon, you may have water in the morning but nothing else. If your appointment is in the morning, you should have nothing to eat or drink after midnight the previous evening.
- Do not exercise or drink alcohol for 24 hours prior to the scan.
- Please bring any related CT or MRI films to your appointment.
- Let us know if you might be pregnant or are currently breast-feeding. Do not bring children or pregnant women.
- Plan to be at the PET Center for approximately 2 hours.

**Questions about PET? Call: 212.923.1555 or 212.305.4319  
Please fax requisition form back as soon as possible. Fax: 212.923.2821**

*Under recent privacy legislation known as HIPAA, the referring physician is responsible for informing the patient of the Notice of Privacy Practices. We assume this task has been done. Please notify us if it has not.*

FOR INTERNAL USE ONLY: CUMC Medical Record # \_\_\_\_\_