PET/CT Scheduling Checklist A Provider's Guide



Please include the following with ALL PET/CT orders:

□ Order for exam requested:

PET/CT Whole Body (78816) (Diagnosis: Melanoma, Myeloma, Sarcoma & Merkel Cell Carcinoma Cutaneous Lymphoma)

PET/CT Bone Scan w/Sodium Fluoride

(78816)

PET/CT Brain (78608)

PET/CT Skull Base to Mid-Thigh (78815) (All other diagnosis)

PET/CT Myocardium

(78459)

- □ Indicate if for:
 - Staging
 - Re-staging
 - ☐ History of
- Diagnosis
- ☐ Clinical history / progress notes
- □ Copy of patients insurance card(s)
- Patient demographics

If prior imaging studies were not performed at Radiology Ltd., please include any additional reports listed below:

- Biopsy
- □ CT
- □ MR
- □ PET
- Pathology

Please fax any additional notes to: Interventional Scheduling Department at (520) 545-1898

WE TAKE CARE OF THOSE CLOSEST TO YOU.

PET/CTs are performed at our Radiology Ltd. **Camp Lowell Imaging Center.**



