PET/CT SCHEDULING
CAMP LOWELL SPECIAL PROCEDURES

CLEAR

Radiology Ltd.
Diagnostic Imaging Services
Interventional Scheduling Tel: (520) 545-1906 option # 3
Toll Free Tel: 1-866-565-2220 Toll Free Fax: 1-866-707-0750

To schedule an appointment, please call (520) 545-1906 option #3 or fax to (520) 545-1898.
Please include all pathology, operative reports, progress notes, and prior imaging reports to ensure timely processing.

PHYSICIAN'S NAME: _____ PHONE #: (_____) _____ FAX #: (_____) _____

If physician practices at multiple locations, please include address for these results to be sent: _____

PATIENT: (First Name) _____ (Last Name) _____ (Middle Initial) _____

DOB:_____ HOME PHONE: (_____) _____ WORK PHONE: (_____) _____ BEST TIME TO CONTACT: _____ AM PM

PATIENT INSURANCE: _____ POLICY/GROUP#: _____ INS. PHONE: (_____) _____

PRIOR AUTHORIZATION # (if needed): _____ Would you like authorization assistance? ❑ YES ❑ NO

Please note: *We are unable to provide authorization assistance for STAT cases and CareMore, Humana and United Healthcare insurance plans.*
When scheduling, please include all clinical information and a copy of the insurance card with the order.

Exam Requested:

❑ PET/CT Skull Base to Mid-Thigh (78815) *(all other diagnosis)*

❑ PET/CT Myocardium (78459)

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

❑ PET/CT Bone Scan w/Sodium Fluoride (78816)
(Sodium fluoride PET bone scans are not covered by Medicare.)

❑ PET/CT Brain (78608)

❑ Other _____

❑ Staging

❑ Re-staging

❑ History of

Head & neck diagnoses will require sedation.

Patient will need a driver.

Primary Diagnosis:

Signs & Symptoms:

Special Instructions:

Previous Studies / Reports:

Biopsy: _____ Date: _____

CT: _____ Date: _____

MRI: _____ Date: _____

PET: _____ Date: _____

Path Avail ❑ Yes ❑ No

Referring Physician's Signature: _____ **Date:** _____

PRINT

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