

Tax ID#95-3636521

# GROSSMAN IMAGING CENTERS

805-988-0616 • Fax 805-988-0997



PET/CT     CT     BONE SCAN

**Facility:** Grossman Ventura \_\_\_\_\_    Grossman Oxnard \_\_\_\_\_  
2900 Loma Vista Rd., Suite 101    2151 E. Gonzales Rd., Suite 101

_____
Date of Exam
_____
Time of Exam
_____
Scheduled by

1. Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Ordering Physician \_\_\_\_\_ Diagnosis \_\_\_\_\_

3. ICD9 \_\_\_\_\_ Biopsy Results \_\_\_\_\_

4. Exam Requested:     78815 - Head to Thigh  
 78816 - For Melanoma Head to Toe  
 78608 - Brain (Alzheimer's & Dementia, etc.)  
 78320 - Bone Scan - PET Whole Body Bone Tomography with 18F-Sodium Fluoride (NaF)

5. The CT Performed with PET/CT is limited. If a complete diagnostic CT is needed  
please request the area to be examined:     Head     Neck     Chest  
 Abdomen     Pelvis     w/Contrast

### For Contrast CT —

**Results from BUN & Creatinine within last 30 days** \_\_\_\_\_ / \_\_\_\_\_

6. Previous Correlative Exams:     CT     MRI     PET

Date of Exam: \_\_\_\_\_

Institution where CT, MRI, or PET was performed:

- Grossman Imaging Center     Community Memorial Hospital  
 Ventura Coast Imaging     Pueblo Radiology  
 St. John's Hospital     Other:

7. Insurance \_\_\_\_\_ Authorization \_\_\_\_\_

8. **Please fax copies of pathology, \*\* correlative exam reports, \*\* and insurance card with this form to: (805) 988-0997**

9. **All correlative CT, MRI and/or PET films should be present at time of procedure in order to facilitate a timely PET interpretation.**

Physician Signature \_\_\_\_\_

Contact at Doctors Office: \_\_\_\_\_

*\*\*Please note: Absence of previous reports will delay results.*

## **PET/CT and PET/CT BRAIN SCAN PREP INSTRUCTIONS**

-**Please fast 6 hours prior to your appointment.** This includes gum, candy, coffee or breath mints. Sugar free medications tolerated on an empty stomach may be taken.

- **Please drink 24-32 ounces of plain water before you arrive.**

- If you are diabetic, closely monitor your blood sugar for a couple of days before your test. Our cutoff is 150, and we will be unable to do your test if your level is higher than that.

-**You must not use any insulin within two hours of your exam.**

Please follow a low-carb diet 1-2 days before your test. You can eat all protein, like meat, fish, and eggs. You can also eat dairy products and non-starchy green vegetables, but keep fruit to a minimum.

-**Please avoid vigorous exercise or any hard physical labor for 48 hours prior to your PET scan.**

-Please wear loose comfortable clothing that is free of any zippers, buttons or snaps.

## **PET BONE SCAN (Sodium Fluoride)**

**Please drink 24-32 ounces of plain water before you arrive**

**No fasting necessary!**

**For all PET studies absolutely no small children or pregnant women should accompany you to your exam or on the ride home.**

-You will be in our department for approximately 1-3 hours, depending on the type of PET scan scheduled. Family members will be asked to wait in the waiting room.

**If for any reason you think you may need to reschedule or cancel your exam, please call 988-0616, 24 hours prior, so that we can cancel your dose.**