

PATIENT NAME	PHONE NO	LAST 4 SSN	DOB	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	CITY	STATE	ZIP	
NAME OF INSURANCE CO	INSURANCE CO PHONE NO	SUBSCRIBER'S INSURANCE ID		
REFERRING PHYSICIAN'S NAME	PHYSICIAN PHONE NO	INSURANCE PRIOR AUTHORIZATION NO		
DIAGNOSTIC INFORMATION (Medical Necessity for the Procedure Requested)	ICD-10 and WRITTEN DIAGNOSIS	SUSPECTED OR QUESTIONED CONDITION TO RULE OUT (OPTIONAL)		

FDG PET/CT Procedure Ordered

78815	Diagnosis: Lung Cancer, Non-Small Cell	78815	Diagnosis: Head and Neck Cancer, Excluding Thyroid and CNS Cancers
78815	Staging: Lung Cancer, Non-Small Cell	78815	Staging/Restaging: Head and Neck Cancer, Excluding Thyroid and CNS Cancers
78815	Diagnosis: Colorectal Cancer	78815	Diagnosis: Esophageal Cancer
78815	Initial Staging/Restaging: Colorectal Cancer	78815	Initial Staging/Restaging: Esophageal Cancer
78816	Diagnosis: Melanoma	78608	Brain Imaging, PET; Metabolic Evaluation
78816	Staging: Melanoma	78459	Metabolic Assessment for Myocardial Viability Following inconclusive SPECT Study
G0219	Melanoma for Non-Covered indications	78459	Myocardial Imaging Metabolic Evaluation, Initial Study Prior to Revascularization
78815	Diagnosis: Lymphoma	G0252	Non-Covered for Initial Diagnosis or Surgical Planning: Breast Cancer
78815	Initial Staging/Restaging: Lymphoma	78815	Staging/Restaging: Breast Cancer, Locoregional Recurrence or Distant Metastases; Prior to/After Treatment
78815	PET Cervical Cancer		
78815	Restaging: Thyroid Cancer	78815	PET Skull-base - Mid-thigh
		78816	Whole Body Tumor Imaging, Metabolic Evaluation

Other PET Procedure (please specify CPT and Description)

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Prescreening Questionnaire:

Recent Radiation Therapy: Y N Diabetes: Y N Pregnant: Y N Previous CT/MRI/Mammo: Y N

Special Instructions/Comments

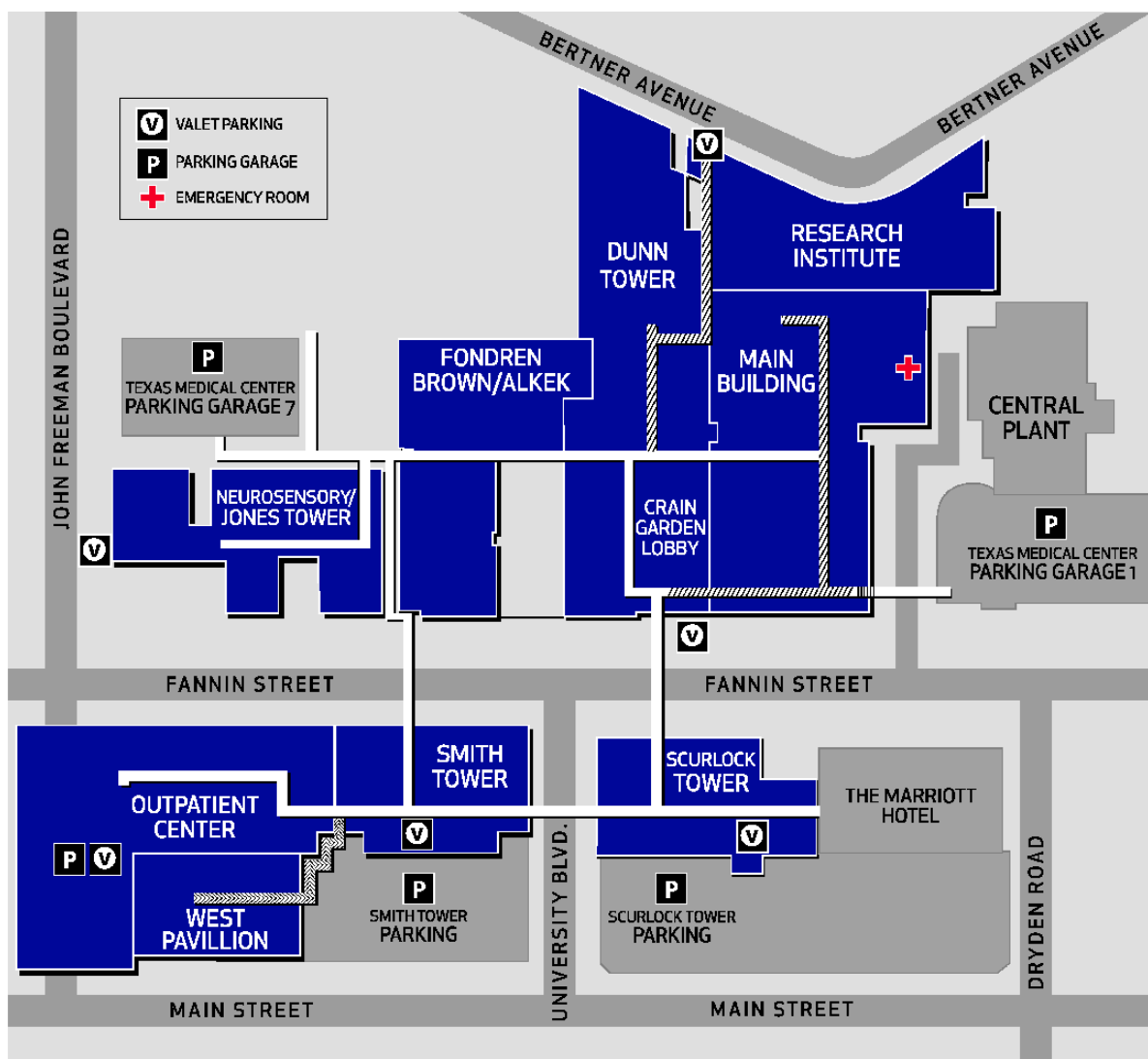
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NOTES:

1. By signing below, the Physician has made an independent medical necessity decision with regard to each procedure to be performed.
2. Medicare generally does NOT cover routine screening procedures.

PHYSICIAN'S NPI	PHYSICIAN'S NAME	SCHEDULING PHONE 713.394.6500 SCHEDULING FAX 713.791.5075
DATE/TIME	PHYSICIAN'S SIGNATURE	

For Additional Scripts, Call 281.841.6943
TMH1797 (03/2016)



You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.