



HMH1797

## OUTPATIENT PET/CT PROCEDURE

## ALL INFORMATION MUST BE COMPLETED PRIOR TO SCHEDULING

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Patient Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_  
 Subscriber Insurance ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Insurance Prior Authorization Number: \_\_\_\_\_ Authorization Dates: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 ICD-10 Code (provide for each test ordered): \_\_\_\_\_

## PROVIDER OFFICE CONTACT INFORMATION

Requesting Physician (print): \_\_\_\_\_ Physician's NPI: \_\_\_\_\_  
 Provider Clinic Phone Number: \_\_\_\_\_  
 Contact person for scheduling (name & number): \_\_\_\_\_

## PRESCREENING QUESTIONNAIRE

Patient Height: \_\_\_\_\_  Yes  No Does the patient have diabetes?  
 Patient Weight: \_\_\_\_\_  Yes  No Is the patient pregnant?

*Procedures below are scheduled by Centralized Scheduling. Please fax order form to 713-791-5075 or call 713-394-6500.*

X	CPT	Procedure	X	CPT	Procedure
	78815	Staging: Skull to Base to Mid-Thigh		78816	Staging: Whole Body (Melanoma)
	78815	Restaging: Skull to Base to Mid-Thigh		78816	Restaging: Whole Body (Melanoma)
	78608	Brain (Metabolic Evaluation)			

*Procedures below are scheduled by Imaging Department. Please fax order form to 713-441-4080 or call 713-441-2282.  
 MUST have Prior Authorization before scheduling.*

X	CPT	Procedure	X	CPT	Procedure
	78815	Staging: PSMA (Prostate Specific Membrane Antigen)		78815	Staging: Cerianna
	78815	Restaging: PSMA (Prostate Specific Membrane Antigen)		78815	Restaging: Cerianna
	78815	Staging: NetSpot		78814	Brain, Limited PET (Amyvid)
	78815	Restaging: NetSpot			

## Other PET Procedure (please specify CPT and Description)

_____
_____
_____

Special Instructions/Comments
_____

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.

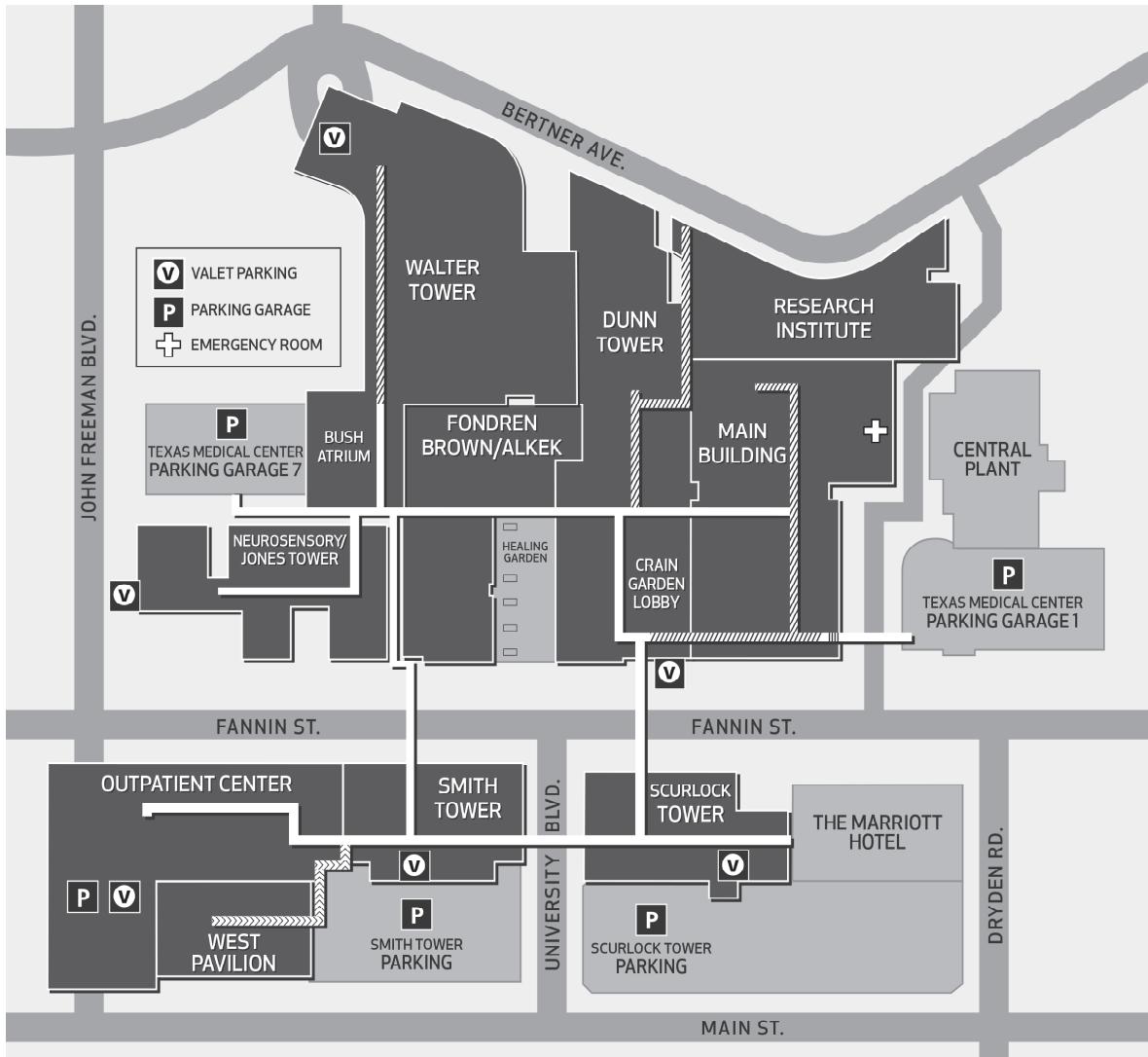
PHYSICIAN'S SIGNATURE	DATE	For Additional Scripts, Email HMHPhysicianLiaisons@houstonmethodist.org
_____	_____	_____

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Outpatient PET/CT  
Procedure

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

 **Parking**

 **Valet**

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