

Department of Radiology
 MSU Clinical Center, Ste D100 (D-Wing)
 840 Service Rd, East Lansing, MI 48824



Tax ID 386005984
 NPI 1891747614

Patient Name _____ DOB _____ Phone _____
 Diagnosis/ICD Code(s) _____
 Reason for Test or Referral/Signs & Symptoms _____
 Male Female Weight _____ Height _____
 Insurance Type(s) _____ Precertification Number _____

Please fax Referral Form with the following:

- Most recent History & Physical
- Relevant radiology report(s)—not from MSU
- Relevant pathology report(s)
- Insurance card(s)—front and back
- Most recent progress note(s)

PET WITH NON-CONTRAST CT

CONTRAST CT

ONCOLOGY

Diagnosis or Staging
 Indicate cancer type: _____

Subsequent Treatment (*Restaging or treatment monitoring*)
CPT CODE 78815 (skull base to proximal femur) Radiologist's protocol
CPT CODE 78816 (skull vertex to toes) Radiologist's protocol

BRAIN
Alzheimer's Disease vs. Frontal Temporal Dementia
CPT CODES 78608 & 70450

CARDIAC

Myocardial Perfusion
Rest & Stress Imaging, CPT CODE 78492

Myocardial Viability
FDG & Resting NH3 Imaging, CPT CODES 78459 & 78491

BONE (F18)

Whole body, *CPT CODE 78813*

Limited, *CPT CODE 78811*

Indicate area: _____

CT exams with contrast may be performed with all PET scans (except cardiac studies) per Radiologist's protocol* **unless one of the following are checked:**

Do not administer contrast

IV contrast preferred

Check location(s):

Neck (*CPT 70491*)

Chest (*CPT 71260*)

Abdomen/Pelvis (*CPT 74177*)

CT Brain (*CPT 70470*)

**IV contrast will not be administered if patient has had a CT within the last 30 days or patient has contraindications.*

Referring Physician/Provider Information

Signature or stamp **X** _____ Form filled out by _____

Printed Name _____ Office Phone _____

Office Fax _____