

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) _____ Preauthorization # _____

Please fax Referral Form with the following:

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

PET WITH NON-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: _____

CONTRAST CT

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** _____

Printed Name _____

Form filled out by _____

Office Phone _____

Office Fax _____