UCLA Health

Patient Name:
MRN:
DOB:

(Patient Label)

Westwood: 200 Medical Plaza, Suite B114, Los Angeles, CA 90095 - Phone: (310) 794-1005 Fax: (310) 267-0227
Santa Monica: 1245 - 16th Street, Suite 105, Santa Monica, CA 90404 - Phone: (310) 319-4970 Fax: (310) 319-4980
Santa Clarita: 27235 Tourney Rd., Santa Clarita, CA 91355 - Phone: (310) 301-6800

UCLA PET/CT REQUEST FORM

Date of Request:____________________

Height:___________ ☐ in ☐ cm Weight:_____________ ☐ kg ☐ lbs

Iodine or other Allergies:___________________

Primary Diagnosis:____ICD9:__________________

Pertinent clinical history ____

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Purpose of PET/CT

Please specify one: ☐ **Initial Treatment Strategy** ☐ **Subsequent Treatment Strategy**

Please select the appropriate procedure:
☐ **PET/CT (base of skull to upper thigh) and Diagnostic CT with IV contrast of:** ☐ **Neck** ☐ **Chest** ☐ **Abd** ☐ **Pelvis** ☐ **Lower Extremities** ☐ **Upper Extremities** *For Diagnostic CT, please provide most recent Creatinine Levels:___________Date: ________________ **(Note: Serum Creatinine level within 6 weeks of the scheduled PET/CT scan appointment is required)**
☐ **PET/CT Brain only**
☐ **PET/CT (base of skull to upper thigh) and Diagnostic CT without IV contrast of:** ☐ **Neck** ☐ **Chest** ☐ **Abd** ☐ **Pelvis** ☐ **Lower Extremities** ☐ **Upper Extremities** *(CT without IV contrast because of medical contraindication to IV contrast)*
☐ **PET/CT (base of skull to upper thigh) Non-Diagnostic CT (used only for localization & attenuation correction)**

Referring MD:_______________________________________ID#/UPIN _______________________________

Asst: _________________________Phone #:(_____)____________Fax #:(_______)___________________

Address: ____

Patient Insurance: __________________________________Authorization: ________________________

NUCLEAR MEDICINE NOTES AND PRESCRIPTIONS

RIS LABEL HERE

Prescription:
Adult Patient: 0.14mCi/kg 18-FDG up to 22mCi
Pediatric Patient. 0.1mCi/kg 18-FDG up to 15mCi

MD Signature_____________________________________

Beeper/ID #________________

Print Name ____

Date/Time ___________________________________

Comments: ____

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