



Beaufort Memorial HOSPITAL

Pet Scan Orders

General Instructions:

This request for services must accompany the patient at the time of service. All orders **MUST** include an ICD-9 code or diagnosis. Test not covered by that code, may be charged to the patient. Please fill in the appropriated code or diagnosis for each test and after **Pre-authorization**, please call the Scheduling Department at (843)522-5015 to schedule and fax to (843)522-5563.

Elective Routine Urgent Emergency with in 24 hours

Patient Name: _____
Last, First MI

Patient Acct. #: _____

Address: _____

City: _____ State: _____

DOB: _____

Sex: Male Female

Directions:

All blanks **MUST** be filled in for this to be a valid order. Only boxes that are checked will be executed.

Procedure: _____

Diagnosis: _____

CPT- 4

- 78459 Heart Muscle Imaging (PET) Metabolic Eval
- 78491 Heart (PET) Perfusion single (rest or stress)
- 78492 Heart (PET) Perfusion Mult (rest and stress)
- 78608 Brain Imaging (PET) Metabolic Eval
- 78609 Brain Imaging (PET) Perfusion Eval
- 78811 Tumor Imaging (PET) Limited
- 78812 Tumor Imaging (PET) Skull – Thigh
- 78813 Tumor Imaging (PET) Full Body
- 78814 Tumor Imaging (PET) Limited
- 78815 Tumor Imaging (PET) Skull – Thigh
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<input type="checkbox"/> Initial Scan
<input type="checkbox"/> Follow up Scan

Special Remarks: PRIOR APPROVAL FROM INSURANCE IS REQUIRED PRIOR TO SCHEDULING

Pre Authorization Number: _____

Appointment Date: _____

Appointment Time: _____

******Please arrive 15 minutes prior to appointment to the Registration Area******

MD Signature

Date / Time