

Please inquire about our free transportation services for your patients who require it.



Metro Region PET Center Woodburn Nuclear Medicine

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NPI # 1659435055

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Phone: 703-698-5593 • Fax: 703-698-5171

E-mail: scheduling@woodburnmed.com

In the unlikely event that our phone system is out of service,
please use our Cell Phone Backup (703) 453-7346.



REFERRAL FORM

Today's Date: _____ Please Schedule By: _____

Patient's Name: _____ Date of Birth: _____ Sex: _____

Home Phone Number: _____ Cell Phone Number: _____ Work Phone Number: _____

Patient's Primary Insurance: _____ Authorization / Notification # (if applicable): _____

Reason for Scan/Clinical Question: _____

Numeric ICD-10 codes (required for proper billing): _____

The following information is helpful for proper scheduling of your patient:

IV Chemotherapy: date the last cycle was completed: _____
date the next cycle will begin: _____

Radiation: date of last treatment: _____
date of next treatment: _____
Anatomical location of treatment: _____

Bone Marrow Stimulants (provide name of medication and date of last injection): _____

Additional Information (e.g.: recent surgery, previous malignancy): _____

Referring Physician: _____ Medical Specialty: _____

Physician's Address: _____
(Report, Images and DVD will be delivered to this address)

Physician's Telephone Number: _____ Physician's Fax Number: _____
(Report will be faxed to this number)

PLEASE FORWARD ALL DIAGNOSTIC IMAGING REPORTS FROM THE PAST 12 MONTHS THAT PERTAIN TO THE PATIENT'S DIAGNOSIS.

PET/CT Fusion Scan

Body Scan
Skull base to mid-thigh, CPT codes 78815 & A9552
OR Whole Body, CPT codes 78816 & A9552
(determined based on the patient's diagnosis and
medical history)

Type of PET/CT Fusion Scan Required:

Brain Scan
Brain Metabolism
CPT codes 78608 & A9552

Gallium-68 DOTATATE
CPT codes 78815 & A9587

Radiation Treatment Planning (Provide positioning preference and positioning device.)

Cardiac:
 Viability
CPT codes 78459 & A9552

Sarcoidosis
CPT codes 78459, 78999 & A9552

Prostate:
 PSMA
CPT codes 78815 & A9595
or A9596

For oncology patients, please check the appropriate box:

Diagnosis Initial Staging Restaging

Additional Instructions: _____

CT Scan

CT SCAN WITH CONTRAST: BUN, CREA & eGFR LAB VALUES, OBTAINED WITHIN THE PAST 30 DAYS, ARE REQUIRED FOR ALL PATIENTS OVER 60 YEARS OF AGE.

OUR FACILITY USES ONLY NON-IONIC CONTRAST.

Contrast Please choose from the following:

With Contrast IV Oral

Without Contrast

With & Without IV Contrast

Known IV Contrast Allergy? Yes No

Head	Spine	Body	Extremities
<input type="checkbox"/> Brain	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Neck	<input type="checkbox"/> Upper Extremity
<input type="checkbox"/> Sinus	<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Chest	<input type="checkbox"/> Left <input type="checkbox"/> Right
Cardiac	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Lower Extremity
<input type="checkbox"/> Coronary Ca ⁺⁺ Scoring	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Low Dose Screening Chest/Must Meet Criteria	<input type="checkbox"/> CT Bone Density		

Signature of Requesting Physician: _____

(Required)