

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



**Metro Region PET Center
Woodburn Nuclear Medicine**

www.metroregionpet.com
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

Type of PET/CT Fusion Scan Required:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> 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) | <input type="checkbox"/> Brain FDG
Brain Metabolism
CPT codes 78608 & A9552 | <input type="checkbox"/> Brain Amyloid
CPT codes 78814 & Q9982 or
Q9983 or A9586 | Cardiac:
<input type="checkbox"/> Viability
CPT codes 78459 & A9552
<input type="checkbox"/> Sarcoidosis
CPT codes 78459, 78999 & A9552 | <input type="checkbox"/> PSMA Prostate
CPT codes 78815 & A9595,
A9596 or A9608
<input type="checkbox"/> Ga-68 DOTATATE
CPT codes 78815 & A9587 |
|--|--|---|--|--|

For oncology patients, please check the appropriate box:
 Diagnosis Initial Staging Restaging

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

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.

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

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

Signature of Requesting Physician: _____

(Required)