

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

3289 Woodburn Rd., Suite 060, Annandale, VA 22003

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:**  
 **Axumin (Fluciclovine)**  
CPT codes 78815 & A9588

**Pylarify (18F PSMA)**  
CPT codes 78815 & A9595

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

Brain

### Spine

Cervical Spine

Lumbar Spine

Thoracic Spine

### Body

Neck

Chest

Abdomen

Pelvis

### Extremities

Upper Extremity

Left  Right

Lower Extremity

Left  Right

Low Dose Screening Chest/Must Meet Criteria

Signature of Requesting Physician: \_\_\_\_\_

(Required)