Scripps

PET SCAN ORDER FORM

PATIENT NAME _____

DATE OF BIRTH (DOB) _____

MEDICAL RECORD NUMBER (MRN) _____

CSN _____

1. Fax form to 858-554-3324. 2. Call 858-554-3359 to schedule.

Patient Name:_____ Date of Birth_____ MRN _____

Reason for PET Scan: _____

History: _____

Diagnosis Codes (Highest level of detail): _____

Primary site of disease: _____

Have you ever had a pet scan? ☐ No ☐ Yes Where _____

Please verify coverage and obtain authorization as necessary from insurance carrier with scan CPT and associated charges.

PROCEDURE	SCAN CPT CODE	MEDS/ ASSOCIATED CHARGES
☐ PET CT FDG SKULL BASE MIDTHIGH	78815	A9552 X 1 UNIT
☐ PET CT MELANOMA WHOLE BODY	78816	A9552 X 1 UNIT
☐ PET CT PSMA PROSTATE	78815	A9596 X 5 UNITS
☐ PET BRAIN AMYLOID	78814	A9586 X 1 UNIT
☐ PET BRAIN FDG	78608	A9552 X 1 UNIT
☐ CARDIAC STRESS TEST WITH PET RUBIDIUM IMAGING	78431	A9555 X 1 UNIT 93015 x 1 J2785 X 4 UNITS
☐ PET CT CARDIAC VIABILITY WITH RUBIDIUM PERFUSION	78433	A9552 X 1 UNIT A9555 X 1 UNIT
☐ PET CT SARCOID CARDIAC ONLY WITH RUBIDIUM PERFUSION	78433	A9552 X 1 UNIT, A9555 X 1 UNIT
☐ PET CT GALLIUM DOTATATE SCAN	78815	A9587 X 54 UNITS
☐ PET CT CERIANNA BREAST ER+	78815	A9591 X 6 UNITS
☐ PET AXUMIN PROSTATE SCAN	78815	A9688 X 10 UNITS
☐ PET CT F18 WHOLE BODY BONE SCAN (SODIUM FLUORIDE) - not covered by Medicare	78816	A9580 X 1 UNIT
Physician Signature	Printed Name or NPI	Date and Time