BRAIN FDG PET/CT ORDER FORM

INSURANCE REQUIREMENTS FOR PET/CT

Date of onset of symptoms ____________________________

Diagnosis of clinical syndrome:  

- Normal aging  
- Mild cognitive impairment (MCI)  
- Mild, moderate or severe dementia  

Presumptive cause:  

- Possible  
- Probable  
- Uncertain AD

Neuropsychological testing performed: ____________________________

Structural imaging (MRI or CT) performed: ____________________________

Relevant laboratory tests (B12, thyroid hormone): ____________________________

Number and name of prescribed medications: ____________________________

MEDICARE/HUMANA INSURANCE REQUIREMENTS

The referring provider(s) must have documented the appropriate evaluation of the Medicare beneficiary. Providers should establish the medical necessity of an FDG PET scan by ensuring that the following information has been collected.

PROCESS TO REVIEW WITH THE PATIENT

Once all criteria are met and the order and documentation are received, RAYUS Radiology will call the patient to schedule the study.

Patient consideration:  

- Arrange transportation  

REPORTING METHOD

- Report only via fax  
- Provider portal  
- CD with patient

Provider name (print) ____________________________

Provider location ____________________________

Phone # ____________________________

Fax # ____________________________

Provider signature (required) ____________________________

NPI # (required for new providers) ____________________________

Date ____________________________

Do not use rubber stamp.

Brain FDG PET/CT Order Form - Southeast Florida

RAYUSradiology.com/DCA

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