

Little Rock
CARTI Cancer Center
8901 CARTI Way

North Little Rock
CARTI Imaging Center
3400 Springhill Drive

Pine Bluff
CARTI Cancer Center
5001 Bobo Road

Russellville
CARTI Cancer Center
209 South Portland Ave.

El Dorado
CARTI Cancer Center
1601 North West Ave.

Legal Name: Central Arkansas Radiation Therapy Institute
Mailing/Pay: PO Box 55050 • Little Rock, AR 72215
Tax ID: 71-0437657 • NPI: 1508147810

Scheduling: 501.296.3253
Fax: 501.537.8786

PATIENT REFERRAL — PAGE 1

PATIENT INFORMATION — Please Print

NAME _____
ADDRESS _____ _____
DOB _____ EMAIL _____
PHONE _____ SSN _____

CLINIC INFORMATION

REFERRING PROVIDER (Name and NPI#) _____ _____
FACILITY (Name and address) _____ _____ _____
PHONE _____
FAX _____
CONTACT NAME _____

PRE-CERTIFICATION

- Our Pre-certification team will obtain all prior authorizations.
- Our imaging schedulers will contact the patient to schedule their appointment and will follow up and mail instructions/map.
- Our imaging schedulers will contact the referring physician's office with the date and time of the patient's appointment.
- Our transcription team will fax the imaging report back to the referring physician's office.

PLEASE FAX THE FOLLOWING DOCUMENTS:

- Signed order
- Signed office note with type of imaging scan in the plan
- All pathology
- All radiology
- Demographic information (face-sheet)

APPOINTMENT DETAILS

DATE _____
TIME _____

PHYSICIAN'S ORDER

TYPE OF EXAM PET/CT (please check box on next page to specify) _____
QUALIFYING ICD-10 AND DIAGNOSIS _____
ORDERING PHYSICIAN (PRINT) _____
ORDERING PHYSICIAN SIGNATURE _____

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PATIENT REFERRAL — PAGE 2

Patient Name _____

MRN or SSN _____ Age _____ Weight _____ Height _____

Primary Tumor Location _____ Date of Diagnosis _____

78815 PET/CT **F-18 FDG** (Skull base to Mid-thigh – A9552)

78816 PET/CT **F-18 FDG** (Head to Toe – A9552)

78815 PET/CT Dotatate: **Ga-68 Dotatate** (Skull base to Mid-thigh – A9587)

Cu-64 Dotatate (Skull base to Mid-thigh – A9592)

78815 PET/CT PSMA:

F-18 Pylarify (Top skull to Mid-thigh - A9595)

Ga-68 Illucox (Top skull to Mid-thigh - A9596)

F-18 Posluma (Top skull to Mid-thigh - A9608)

F-18 Axumin (Skull base to Mid-thigh – A9588)

78816 PET/CT PSMA:

F-18 Pylarify (Head to Toe - A9595)

Ga-68 Illucox (Head to Toe - A9596)

F-18 Posluma (Head to Toe - A9608)

Initial Treatment Strategy

(Includes Diagnosis and Initial Staging)

Subsequent Treatment Strategy

(Includes Treatment Monitoring, Restaging and Detection of Recurrence)

Is the patient a diabetic?	Yes	No	If yes,	Oral	Insulin
Possibility of pregnancy?	Yes	No	Breast feeding?	Yes	No
Claustrophobic?	Yes	No			

Is the patient currently receiving **Neupogen** or **Neulasta**?

(Patient needs to be off GCSF for a minimum of 2 weeks prior to PET/CT (> 4 weeks is suggested).

Yes No

Please include the following reports if applicable.

Biopsy or Surgery Report Date _____ Where _____

PET/CT 6-8 weeks is optimal after surgery or RFA

CT, MRI or PET/CT scans Date _____ Where _____

Pathology Report Date _____ Where _____

Chemotherapy Date _____ Where _____

PET/CT 4-6 weeks is optimal after chemo

Radiation therapy Date _____ Body Area _____

PET/CT 6-8 weeks is optimal after radiation

Physician Clinical Notes (H & P)

PLEASE SEND ORDER FORM & ALL REPORTS TO CARTI PET/CT UPON SCHEDULING APPOINTMENT