

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 _____

**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)

**CLINIC INFORMATION**

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

**APPOINTMENT DETAILS**

DATE _____
TIME _____

**PHYSICIAN'S ORDER**

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

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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)

78814 PET/CT Amyloid Brain - **F-18 Neuraceq** (Q9983)

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 Illucix** (Top skull to Mid-thigh - A9596)

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

78816 PET/CT PSMA:

**F-18 Pylarify** (Head to Toe - A9595)

**Ga-68 Illucix** (Head to Toe - A9596)

**F-18 Posluma** (Head to Toe - A9608)

### Initial Treatment Strategy

(Includes Diagnosis and Initial Staging)

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

### Subsequent Treatment Strategy

(Includes Treatment Monitoring, Restaging and Detection of Recurrence)

Is the patient currently receiving **Neupogen** or **Neulasta**? Yes No  
(Patient needs to be off GCSF for a minimum of 2 weeks prior to PET/CT (> 4 weeks is suggested).

### Please include the following reports if applicable.

Biopsy or Surgery Report

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

Date \_\_\_\_\_ Where \_\_\_\_\_

CT, MRI or PET/CT scans

Date \_\_\_\_\_ Where \_\_\_\_\_

Pathology Report

Date \_\_\_\_\_ Where \_\_\_\_\_

Chemotherapy

*\*PET/CT 4-6 weeks is optimal after chemo\**

Date \_\_\_\_\_ Where \_\_\_\_\_

Radiation therapy

*\*PET/CT 6-8 weeks is optimal after radiation\**

Date \_\_\_\_\_ Body Area \_\_\_\_\_

Physician Clinical Notes (H & P)

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