



www.baysideimaging.com

DIAGNOSTIC IMAGING PET/CT REQUEST FOR SERVICE



- ANTIOCH 4721 Dallas Ranch Road • Antioch, CA 94531 • T: (925) 331-2269 F: (925) 262-2235
DUBLIN 6380 Clark Avenue • Dublin, CA 94568 • T: (925) 452-1838 F: (925) 262-2235
EMERYVILLE 1480 64th Street, Suite 100 • Emeryville, CA 94608 • T: (510) 379-4981 F: (510) 444-1312
PLEASANT HILL 400 Taylor Blvd., Suite 105 • Pleasant Hill CA 94523 • T: (925) 521-8200 F: (925) 691-5038
SAN LEANDRO 15035 East 14th Street, Suite B • San Leandro, CA 94578 • T: (510) 746-5817 F: (510) 276-1293

Today's Date: Date Report is Needed By:
PATIENT INFORMATION
Name: DOB: Male Female WEIGHT:
Primary Phone: Secondary Phone: SSN:
Insurance(s): Auth Needed? Yes No Authorization #:

EXAM
PET/CT Skull Base to Mid-Thigh (CPT Code 78815-skull-base to mid-thigh, CT for localization and attenuation correction, NO IV contrast, F18 FDG)
Non-Standard Protocol:
PET/CT Whole Body (CPT Code 78816)
NaF PET Bone Scan Whole Body (CPT Code 78816 covered for Medicare & Medicare Managed Plans through National Oncologic PET Registry)
CT Diagnostic Area Requested:
Head Neck Chest Abdomen Pelvis Other:
With IV Contrast * Without IV Contrast With/Without IV Contrast
* For IV contrast exams please attach recent eGFR or Creatinine result

CLINICAL INFORMATION
Diagnosis: ICD-10 Code:
Pertinent Clinical History/Purpose of Exam:
Initial Treatment Strategy Subsequent Treatment Strategy
Compare to Prior Exam Exam Type: Date: Location:
Diabetic Yes No In Skilled Nursing Facility Yes No Ambulatory Yes No Pregnant Yes No
Please attach copies of demographics, insurance card(s) and all prior reports for supporting documentation (i.e., MD progress notes, recent radiology, pathology and operative reports).

REQUESTING PHYSICIAN INFORMATION
Name: NPI: Signature: X
Office Number: Fax Number: Submitted By:
CC Report CD To:

EXAM INSTRUCTIONS

- PET/CT:
Drink water only. No food or other liquids 6 hours prior to the appointment.
Follow Hydration Protocol.
Wear comfortable clothing without metal clasps or zippers.
No vigorous exercise 24 hours prior to your exam.
Allow up to 1 1/2 - 2 hours for the total exam process.
If you are an insulin dependent diabetic: the sensitivity of the exam is affected when your glucose levels are greater than 200. If needed, insulin can be taken no less than 2 hours before the exam.
No reading or phone use is allowed while in uptake, however, you may use electronic devices. (CD, Radio or Ipods)

- PET Bone Scan:
No fasting required.
Follow Hydration Protocol.
Allow up to 1 - 1 1/2 hours for the exam process.
Wear comfortable clothing without metal clasps or zippers.

If there is a possibility of pregnancy, please inform our staff prior to your appointment.

- CT:
If you are having a CT scan of the Head, Neck, and/or Chest WITHOUT IV contrast, there are no special instructions.
All other CT scans and combinations WITH and/or WITHOUT IV contrast, are instructed to do the following:
Fasting is required for 6 hours before your exam.
Follow Hydration Protocol.

HYDRATION PROTOCOL

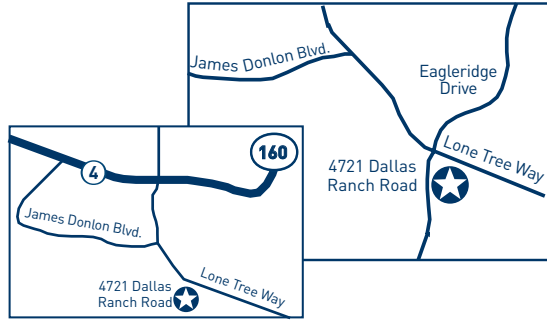
Beginning 3 hours before your scheduled exam time, drink 1 glass of water every hour, for a total of 3 glasses.

For example: A 12:00 appointment would have a person drinking one glass of water at 9:00, 10:00, and 11:00

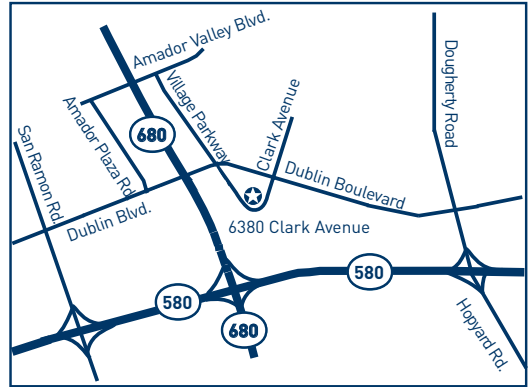
Voiding is allowed, a full bladder is not necessary.

BAYSIDE IMAGING LOCATION MAPS

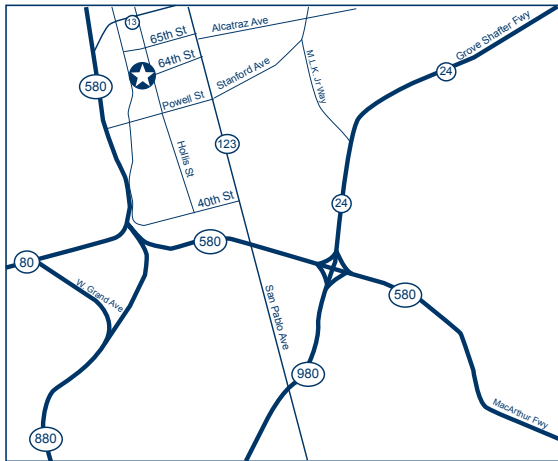
ANTIOCH LOCATION



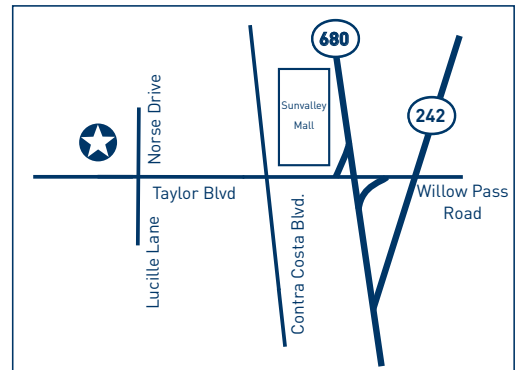
DUBLIN LOCATION



EMERYVILLE LOCATION



PLEASANT HILL LOCATION



SAN LEANDRO LOCATION

