

**Weatherhead PET Center – Cardiac PET Scan Order Form**

Patients Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home: \_\_\_\_\_ Cellular: \_\_\_\_\_

Insurance: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Insurance Authorization # \_\_\_\_\_ Valid From: \_\_\_\_\_ To: \_\_\_\_\_

\*\*\*Referring M.D.: \_\_\_\_\_ NPI # \_\_\_\_\_

**Referring Physician's Signature:** \_\_\_\_\_

Practice Mailing Address:

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle how you want the report sent to you:    Fax    Mail    Epic    Memorial Hermann Care 4

**\*\*\*Type of P.E.T.: (check one)**

- Rest/Stress Perfusion only (CPT 78431)
- Rest/Stress Perfusion with Viability FDG (CPT 78433)
- Rest Perfusion with Viability FDG (CPT 78433)
- Rest Perfusion with FDG evaluation for Cardiac Sarcoid (CPT 78433)

**Indication for PET Scan (clinical question):** \_\_\_\_\_  
\_\_\_\_\_

Is this patient over 350 lbs? No \_\_\_ Yes \_\_\_

**Please send the following with this order:**

- Insurance info
- Recent H & P
- Last clinic visit note
- Recent cardiac test results: Echo, Nuclear test, Cath report

**Most insurance companies will not cover this procedure unless prior authorization is obtained by the ordering physician. If an authorization is needed please use the following facility information:**

University Care Plus/Weatherhead P.E.T. imaging Center  
TAX ID: 743015761 NPI: 1649352303  
CPT codes are listed above according to the test needed.  
**Phone #:** 713-500-6611 Ext 2  
**Fax #:** 713-500-6615

**We will contact the patient for scheduling and give the patient instructions for the procedure.**

Person completing form: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_