

Patient Information

Patient Name _____ Insurance _____
DOB _____ NYPH / MRN No. _____ Insurance ID No. _____
Phone _____ Pre-Authorization No. _____
Clinical History/ICD 10 Codes _____

Appointment Information

Patients: Please review exam prep instructions on reverse side

Exam Date _____ Exam Time _____
NYC Locations 1305 York Ave, 3rd FL 520 East 70th Street 425 East 61st Street, 9th FL 416 East 55th Street 2315 Broadway, 4th FL

Physician Information

Referring Physician Name _____ Phone _____
Referring Physician Address _____ Fax _____
Referring Physician Signature _____ NPI # _____
STAT Read: call (_____) _____ - _____ report Send CD of images: to office with patient report only

Reports are mailed/faxed automatically – Call to obtain a log-in to our electronic portal

PET/MR 3T Requisition

PET/MR 3T IMAGING

Adult Pediatric PET Exam number for this diagnosis: 1st 2nd 3rd 4th

PET Brain – CPT 78608

- Cognitive Decline, Memory Loss, Dementia – Order with MRI Brain wo contrast (70551)
- Seizures, Epilepsy – Order with MRI Brain w/wo contrast (70553)
- Brain Tumor Primary – Order with MRI Brain w/wo contrast (70553)
- Other _____

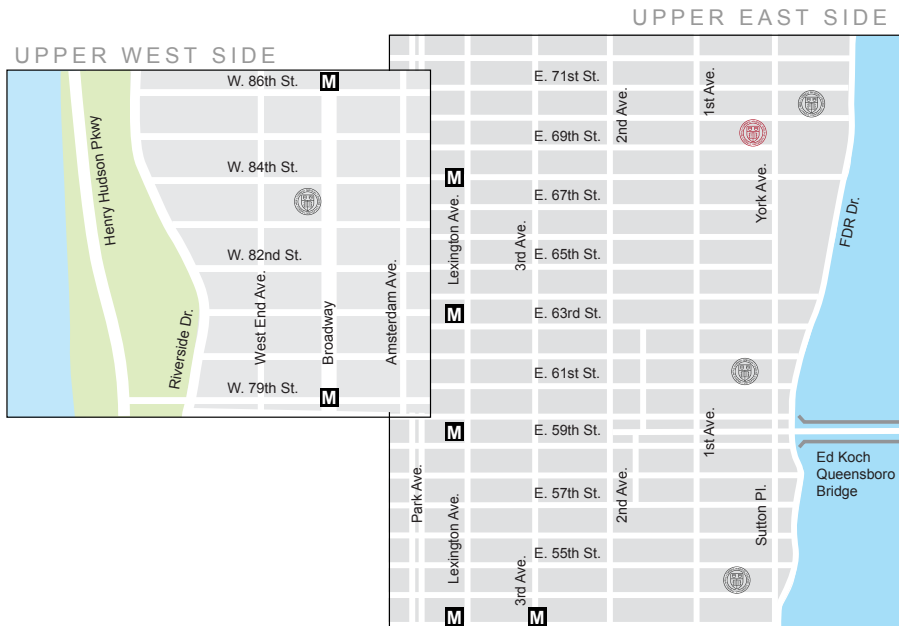
PET Skull Base to Mid-Thigh – CPT 78812

- Head and Neck Cancer – Order with MRI Orbit, Face, and/or Neck w/wo contrast (70543)
- Osseous and Soft Tissue Sarcomas - Order with MRI of the anatomic location of the sarcoma
- Colon Cancer – Order with MRI Abdomen w/wo contrast (74183)
- Pancreatic Cancer/Liver Cancer – Order with MRI Abdomen w/wo contrast (74183)
- Rectal Cancer – Order with MRI Pelvis w/wo contrast (72197)
- Prostate Cancer – Order with MRI Pelvis w/wo contrast (72197)
- Endometrial Cancer/Cervical Cancer/Vaginal Cancer – Order with MRI Pelvis w/wo contrast (72197)
- Other _____

PET Whole Body – CPT 78813

- Multiple Myeloma – Order with MRI Unlisted Code (76498)
- Melanoma – Order with MRI Unlisted Code (76498)
- Other _____

 If pre-authorization is required, separate authorization numbers will be needed for the PET and MRI exams



Weill Cornell Imaging

 **NewYork-Presbyterian**  **Weill Cornell Medicine**

scheduling and service center: **212.746.6000**

fax: 646.962.0122 • www.wcinyp.com

PET/MR 3T available at the Weill Greenberg Center
 1305 York Ave, 3rd FL, New York, NY 10021 (70th St.)

520 East 70th St., New York, NY 10021

425 East 61st St., 9th FL, New York, NY 10065

416 East 55th St., New York, NY 10022

2315 Broadway, 4th FL, New York, NY 10024 (84th St.)

Patient Instructions

- Please **arrive** one and a half (**1.5**) hours before your scan.
- **No food (4)** hours prior to PET/MR (no insulin during this time either).
- **Do not chew gum** of any kind **(4)** hours prior to PET/MR.
- **No sugar-containing drinks (4)** hours prior to PET/MR. Do not drink sodas, fruit juices, shakes, coffee or tea of any kind. Patient is advised to drink water and be well-hydrated prior to their appointment.
- **Diabetic Patients:** Please inform scheduler when making appointment in order to coordinate medication and diet prior to exam. Blood-sugar levels should be under control before arrival for PET/MR scan. You will receive a blood-sugar measurement prior to exam.
- **Metal Implants:** Please inform scheduler of any **METAL** or implanted devices of any kind in your body. If applicable, provide make/model # of the implant.
- You **CANNOT** have an PET/MR if you have a **CARDIAC PACEMAKER**.
- Please notify scheduler if you may be **pregnant** or on a fertility protocol.
- Please plan to **stay** a minimum of two (**2**) hours.

Patient Checklist

- Bring this prescription form to your appointment
- Consult your insurance company for any inquiries regarding referrals and/or pre-authorizations required
- Bring your insurance card to your appointment
- Bring any relevant outside CD images to your exam for comparison