

Order Date: _____

Patient Information

Patient Name _____ DOB _____ NYP MRN _____
Signs and Symptoms / ICD -10 Codes _____

Appointment Information

Patients: Please review exam preparation instructions on reverse side

Exam Date _____ Exam Time _____ Pre-Authorization No. _____
Location: ☐ 1305 York Ave, 3rd Floor ☐ 1283 York Ave, 7th Floor

Referring Physician Information

Want electronic reports and images? Email wciny-liaison@med.cornell.edu

Physician Name _____ NPI _____
Physician Address _____ Phone _____ Fax _____
Physician Signature _____ STAT Read: ☐ call _____

PET/CT

Referrals: If you prefer a radiopharm other than one originally listed, please specify

☐ initial treatment ☐ subsequent treatment strategy

SKULL BASE TO MID-THIGH

- ☐ General Oncology **F18-FDG**
- ☐ Infection/Inflammation **F18-FDG**
- ☐ Prostate Cancer **F18-PSMA** ☐ Ga68-PSMA
- ☐ ER Positive Breast Cancer **F18-FDG** ☐ F18-Fluoroestradiol
- ☐ Neuroendocrine Neoplasm **Ga68-Dotatate** ☐ Cu64-Dotatate

WHOLE BODY (top of head to toes)

- ☐ General Oncology **F18-FDG**
- ☐ Infection/Inflammation **F18-FDG**
- ☐ Cutaneous Neuroendocrine Tumor **Ga68-Dotatate**

OTHER ☐ _____

LIMITED AREA

- ☐ Parkinsonian Syndrome **F18-Fluorodopa**
- ☐ Suspected AD- Assess Amyloid Burden **F18-Florbetaben**
- ☐ Suspected AD- Assess Tau Burden **F18-Flortaucipir**

BRAIN

- ☐ General Oncology **F18-FDG**
- ☐ Neurodegenerative Disease **F18-FDG**
- ☐ Primary/Secondary Brain Tumor **F18-FDG** ☐ F18-Fluciclovine
- ☐ Seizure **F18-FDG**
- ☐ Neuroendocrine Neoplasm **Ga68-Dotatate**
 - ☐ Cu64-Dotatate ☐ F18-FDG
- ☐ ER Positive Breast Cancer **F18-FDG** ☐ F18-Fluoroestradiol

PET/MR

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☐ initial treatment ☐ subsequent treatment strategy

SKULL BASE TO MID-THIGH

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- ☐ Infection/Inflammation **F18-FDG**
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- ☐ Neuroendocrine Neoplasm **Ga68-Dotatate** ☐ Cu64-Dotatate

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BRAIN

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 - ☐ Cu64-Dotatate ☐ F18-FDG
- ☐ ER Positive Breast Cancer **F18-FDG** ☐ F18-Fluoroestradiol

MRI Please order an accompanying MRI if one has not been performed in the last 2 months

☐ with and without contrast ☐ without contrast ☐ Radiologist may change contrast order if clinically indicated

- ☐ MRI Abdomen ☐ MRI Abdomen + Pelvis ☐ MRI Brain ☐ MRI Whole Body Bone Marrow
- ☐ MRI Pelvis ☐ MRI Orbit/Neck/Face ☐ MRI Brain Tumor Advanced ☐ Other _____

Patient Checklist

If you are pregnant, may be pregnant, or on a fertility protocol, please notify our team before your exam.

- ☐ Bring this prescription form to your appointment.
- ☐ Consult your insurance company for any inquiries regarding referrals and pre-authorizations.
- ☐ Bring prior outside CD images to your exam for comparison or contact our Medical Records team at 212-746-6000, option 3 to learn how to upload these images electronically.
- ☐ Bring your insurance card to your appointment (copays are collected at the time of service).

Medical Records

Your results will automatically get sent to the referring provider listed on this prescription.

They will also be accessible to you through Connect where you can view and share your images and reports.

Online Scheduling

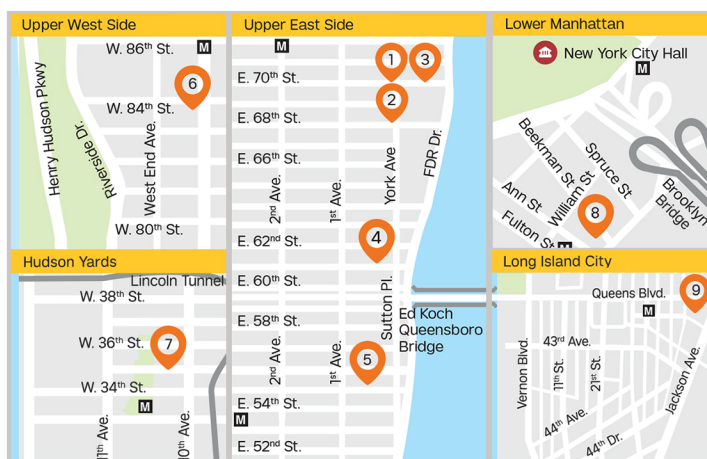


You can now schedule your appointment online! Scan the QR code to begin.

Questions? Visit wcinyp.org/patients for more information.

Locations

*PET Exams are offered at these locations



- 1 *1305 York Ave, 3rd Floor, NY, NY 10021 (70th St)
- 2 *1283 York Ave, 7th Floor, NY, NY 10065 (69th St)
- 3 520 East 70th St, Starr Pavilion, Floor 0, NY, NY 10021
- 4 425 East 61st St, 9th Floor, NY, NY, 10065
- 5 416 East 55th St, Ground Floor, NY, NY 10022
- 6 2315 Broadway, 4th Floor, NY, NY 10024 (84th St)
- 7 504 West 35th St, 2nd Floor, NY, NY 10001
- 8 53 Beekman St, Ground Floor, NY, NY 10038
- 9 28-25 Jackson Ave, 2nd Floor, Long Island City, NY 11101

Exam Preparations

PET CT AND PET MRI Preps

- No food 4 hours prior to the exam (no insulin during this time).
- Do not eat candy or chew gum 4 hours prior to the exam.
- No sugar-containing drinks 4 hours prior to the exam. Do not drink sodas, juices, shakes of any kind, iced tea, or coffee. You may drink water.
- No vigorous exercise for 24 hours prior to the exam.
- Length of stay is a minimum of 2.5 hours.
- Diabetic Patients: Inform scheduler when making appointment in order to coordinate medication and diet prior to the exam. Blood sugar levels should be under control prior to the exam.

Our staff is available to address any questions or concerns that you might have before, during, or after your appointment. Please call (212) 746-6000 if you wish to speak with us.