



Doshi Diagnostic
IMAGING SERVICES

1783 Stillwell Ave. • Brooklyn, NY 11214

PET Diagnostic Imaging

718.837.1427 • Fax 718.232.3497

PATIENT'S NAME _____ AGE _____ DATE _____

HISTORY _____

AUTHORIZATION # _____ REFERRING PHYSICIAN _____

PLEASE CHECK SPECIFIC EXAM

COMPLETION OF MEDICAL NECESSITY DOCUMENTATION IS REQUIRED WITH THIS REFERRAL

LUNG CANCER

<input type="checkbox"/> whole body diagnosis	G0210	78810
<input type="checkbox"/> whole body initial staging	G0211	78810
<input type="checkbox"/> whole body restaging	G0212	78810

SOLITARY PULMONARY NODULES

<input type="checkbox"/> whole body or regional	G0125	78810
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COLORECTAL CANCER

<input type="checkbox"/> whole body diagnosis	G0213	78810
<input type="checkbox"/> whole body initial staging	G0214	78810
<input type="checkbox"/> whole body restaging	G0215	78810

LYMPHOMA

<input type="checkbox"/> whole body diagnosis	G0220	78810
<input type="checkbox"/> whole body initial staging	G0221	78810
<input type="checkbox"/> whole body restaging	G0222	78810

MELANOMA

<input type="checkbox"/> whole body diagnosis	G0216	78810
<input type="checkbox"/> whole body initial staging	G0217	78810
<input type="checkbox"/> whole body restaging	G0218	78810

BREAST CANCER

<input type="checkbox"/> whole body initial staging	G0253	78810
<input type="checkbox"/> whole body restaging	G0254	78810

HEAD AND NECK CANCER (EXCLUDES THYROID)

<input type="checkbox"/> whole body or regional diagnosis	G0223	78810
<input type="checkbox"/> whole body or regional initial staging	G0224	78810
<input type="checkbox"/> whole body or regional restaging	G0225	78810

ESOPHAGEAL CANCER

<input type="checkbox"/> whole body diagnosis	G0226	78810
<input type="checkbox"/> whole body initial staging	G0227	78810
<input type="checkbox"/> whole body restaging	G0228	78810

MYOCARDIAL IMAGING

<input type="checkbox"/> metabolic evaluation		78459
<input type="checkbox"/> myocardial viability after inconclusive SPECT imaging	G0230	78491

BRAIN IMAGING

<input type="checkbox"/> Pre-surgical evaluation of refractory seizures, PET imaging, brain imaging	G0229	78609
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OTHER:

The above examinations are covered by insurance reimbursement. Other clinical indications may or may not be covered. Please call for more information.

PATIENT INFORMATION

1 Positron Emission Tomography

PET is a sophisticated new imaging technology that provides a comprehensive and unique picture of your body. Using PET, physicians can locate and identify disease, particularly cancer, often before it is visible through other imaging procedures. PET can change the way physicians care for you.

2 Your PET Scan

Your physician has referred you for a PET scan because he or she believes it may help determine whether you have a particular disease, the status of your disease, of the best course of treatment.

3 Preparing For The Test

Please bring to the PET center a list of the medications you are taking, previous exam reports, and, if applicable your chemotherapy/radiation therapy history, including the date of your last treatment.

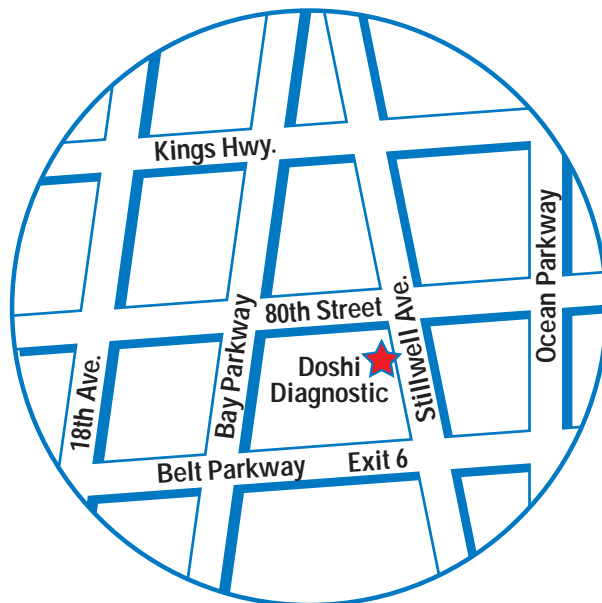
4 Eating

- Oncology patients must fast overnight, or for at least 6 hours prior to the exam.
- Diabetic patients ***should not fast*** and may eat regular low fat meals and take their usual insulin dose.
- Cardiology patients may eat a light breakfast, but it must be low fat.

5 Exercise

Do not exercise for 3 days prior to the exam. Your muscles need to be in a relaxed state when having a PET scan.

DIRECTIONS



Car(1): Belt Pkwy. exit 6, Stillwell Ave. (North) to 80th St.

Car(2): Ocean Pkwy. - Kings Highway
Left on Stillwell to 8th St.

Subway: B to 86th and Bay Pkwy.

Bus: B4 to 80th St. and Stillwell.
B82 or B6 to 80th St. and
Bay Pkwy. Walk to Stillwell.

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