

SWEDISH MEDICAL IMAGING

**SWEDISH ISSAQUAH NUCLEAR MEDICINE/PET-CT REQUISITION FORM**

Phone: 425-313-5400 • Fax: 425-313-5401 • 751 NE Blakely Drive, Issaquah, WA 98029 **Today's date:** \_\_\_\_\_

**Patient information: (All fields are required)**

Patient legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Patient phone number: \_\_\_\_\_  Male  Female  Other: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Call patient to schedule  Need interpreter (language): \_\_\_\_\_ Need assistive:  Hearing  Visual device  
**Pregnant?**  Yes  No **Diabetic?**  Yes  No **Allergies?**  Contrast  Iodine  Latex  Other: \_\_\_\_\_  
 Insurance/Plan: \_\_\_\_\_ Member #/ID: \_\_\_\_\_  Uninsured  Self-pay  
 Authorization #: \_\_\_\_\_ Valid date(s): \_\_\_\_\_  L & I, Claim #: \_\_\_\_\_

**Ordering provider: (All fields are required)**

Physician printed name: \_\_\_\_\_ NPI: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: (required) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Clinic contact: \_\_\_\_\_ Clinic fax: \_\_\_\_\_  
 In event of critical finding, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for exam: (All fields are required)**

ASAP  Routine Symptoms/Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ ICD-10: \_\_\_\_\_ CPT code(s): \_\_\_\_\_

**Reports are always faxed.**  Fax **additional** report to: Dr. \_\_\_\_\_ Fax: \_\_\_\_\_  
 Prior films?  No  Yes, where? \_\_\_\_\_ If injured, date of injury: \_\_\_\_\_  
 Swedish Image Transfer Request Form: <https://www.swedish.org/services/medical-imaging/image-transfer-request>  
 Comments/Instructions: \_\_\_\_\_

**Exam ordered: (Patient preps and directions on back)**

Does patient have any implants?  No  Yes, what and where \_\_\_\_\_  
 For PET-CT oncology: Type of cancer: \_\_\_\_\_  Diagnosis  Initial staging  Therapy follow-up

**Nuclear Medicine**

- Bone scan
  - Whole body  Limited  3 Phase  SPECT
- VQ lung scan (ventilation/perfusion)
- Renal flow and function  With lasix  Without lasix
- Hepatobiliary scan (HIDA)
- Gastric emptying study (GES)
- Thyroid uptake and scan
  - Thyroid cancer
    - WB Scan only  WB scan and I-131 treatment
    - Thyrogen stimulated  Withdrawal
- Parathyroid scan
- WBC scan
- Myocardial perfusion scan – Treadmill
- Myocardial perfusion scan – Pharmacologic
- Cardiac bloodpool (MUGA scan)
- Other: \_\_\_\_\_

**PET/CT**

- Whole body scan F-18 FDG (skull base through mid-femur)
- Whole body scan F-18 FDG with extremities
- Brain F-18 FDG
- Gallium-68 Dotatate (Netspot) scan
- F-18 fluciclovine (Axumin) scan
- Include the following diagnostic CT:**
- Contrast?  With  Without
- Without and with **creatinine:** \_\_\_\_\_
- Head CT
- Soft tissue neck CT
- Chest CT
- Abdomen CT
- Pelvis CT
- Other CT: \_\_\_\_\_

**Please fax order to: 425-313-5401. Thank you for choosing Swedish!**

# PATIENT INSTRUCTIONS

## GENERAL NUCLEAR MEDICINE

### No preparation required:

- Lung scan
- Parathyroid scan
- GI Bleed
- Bone scan
- Brain scan
- Cardiac blood pool

### Nothing to eat or drink (except sips of water) for six hours before exam:

- Hepatobiliary scan
- Gastric emptying
- Thyroid uptake/scan
- Myocardial perfusion scan (No caffeinated food or drink for 12 hours before exam **and** nothing to eat or drink for six hours before exam)

## PATIENT PREPARATION FOR A SUCCESSFUL PET/CT

Your PET/CT procedure will take approximately two to three hours. For this procedure a radiopharmaceutical will be administered through an IV. Scanning will vary from 20 minutes to one hour depending on your doctor's order. Please let us know at least 24 hours prior to your exam if you need to reschedule.

### Dietary preparation (starting 24 hours before exam):

#### FOOD TO AVOID (Carbohydrates and sugars)

- Bread, pastry, cereal, pasta or fruit (no tomatoes)
- Desserts, muffins, crackers, candy, cookies, cakes, ice cream, yogurt, jams, jellies or honey
- Soft drinks, milk, soy milk, tonic water, juices, beer or other alcoholic beverages
- Starchy vegetables (rice, potatoes, corn, lima beans, soy beans, parsnips or peas)

#### YOU MAY EAT

- Meats (beef, chicken, lamb, pork, fish) and tofu, but do not use sweet sauces and no breaded meat
- Eggs prepared without milk
- Cheese, butter, mayonnaise and unsweetened peanut butter
- Non-starchy vegetables (broccoli, asparagus, spinach, green beans and cauliflower)
- Nuts, excluding honey roasted

### 24 HOURS PRIOR TO YOUR PET/CT EXAM

- Diet of high fat and protein, but NO starch or sugar — see dietary preparation above
- NO strenuous exercise (aerobic, weight-lifting, treadmill)
- NO common cold medications
- Get a CD copy of recent diagnostic imaging studies (PET, CT scans, etc.) that were done at a non-Swedish facility.

### 12 HOURS PRIOR TO YOUR PET/CT EXAM

- DO NOT EAT ANYTHING (including food, gum, breath mints, coffee, tea or anything with calories) except water.
- All necessary medications may be taken with water (except no common cold medications). However, please let our PET/CT scheduler know before taking diabetes medication or medication containing nicotine.
- No smoking or use of nicotine products for preferably 12 hours (or at least four hours) before exam.

### MORNING BEFORE YOUR PET/CT EXAM

- Unless directed otherwise, take your medications with water, EXCEPT diabetes medications.
- Drink two or three glasses of water.
- Please arrive at your check-in time. This is important because your scan requires a time-sensitive injection that has been specifically ordered for you. If you are late, your appointment may have to be rescheduled.
- Plan on being here approximately two to three hours.
- Wear warm, loose-fitting clothing without metal (no zippers, snaps, buttons, clasps and metal under-wire).
- You may bring a music player to listen to relaxing music during your wait period. Reading and other activities are NOT allowed.
- Family members and/or friends may accompany you to your appointment; they will be asked to leave prior to your injection.

## Directions and map to Swedish Issaquah campus

### Traveling from I-90:

- Take the E. Sunset Way/Highlands Drive exit — Exit 18.
- If traveling east, go left at the “Y” and continue on Highlands Drive.
- If traveling west, turn right (north) onto Highlands Drive.
- At the next light, turn left (west) onto NE Discovery Drive.
- Take first left onto 8th Avenue.
- Go straight into the main parking lot or right into underground parking.

**All patient parking is convenient and free.** Medical Imaging is located on the first floor of the Cascade (East) wing.

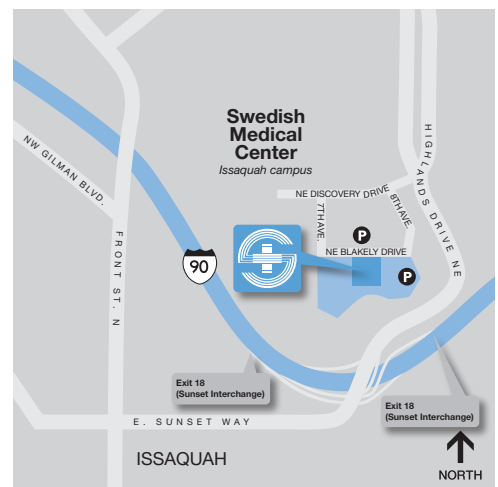
## SWEDISH MEDICAL IMAGING

### Issaquah

751 NE Blakely Drive  
1st Floor, Cascade (East) Wing  
Issaquah, WA 98029

T 425-357-3920 F 425-313-5401

[www.swedish.org/services/medical-imaging](http://www.swedish.org/services/medical-imaging)



We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY: 711)

