

Thank you for choosing Metro Region PET Center. Please fax this form to our office. We will then contact your patient to schedule their PET/CT Fusion or Diagnostic CT scan. Please inquire about our free transportation services for your patients that require it.



Metro Region PET Center Woodburn Nuclear Medicine

www.metroregionpet.com
NPI # 1659435055

In Virginia at Woodburn Nuclear Medicine
3289 Woodburn Rd., Suite 050
Annandale, VA 22003
Phone: 703-698-5593
Fax: 703-698-5171



In Maryland at Chevy Chase
5454 Wisconsin Avenue, Suite 810
Chevy Chase, MD 20815
Phone: 301-652-8001
Fax: 301-652-8002

REFERRAL FORM

Today's Date: _____ Please Schedule By: _____

If required, would you like us to attempt to obtain your patient's insurance authorization? Yes No

If yes, please forward your tax ID # and your patient's pertinent medical history with this referral (e.g. date of initial diagnosis, previous imaging reports, date of last chemotherapy or radiation treatment, etc.)

Would you like a faxed confirmation with your patient's date of service? Yes No

Patient's Name: _____ **Date of Birth:** _____ **Sex:** _____

Home Phone Number: _____ **Work Phone Number:** _____

Patient's Primary Insurance: _____ **Authorization / Notification # (if applicable):** _____

Reason for Scan/Clinical Question: _____

Numeric ICD-9 codes (required for proper billing): _____

The following information is helpful for proper scheduling of your patient:

IV Chemotherapy: date the last cycle was completed: _____ **Radiation:** date of last treatment: _____
date the next cycle will begin: _____ date of next treatment: _____

Anatomical location of treatment: _____

Bone Marrow Stimulants (provide name of medication and date of last injection): _____

Additional Information (e.g.: recent surgery, previous malignancy): _____

Referring Physician: _____ Medical Specialty: _____

Physician's Address: _____
(Report, Images and DVD will be delivered to this address)

Physician's Telephone Number: _____ Physician's Fax Number: _____
(Report will be faxed to this number)

PET/CT Fusion Scan

PLEASE FORWARD ALL DIAGNOSTIC IMAGING REPORTS FROM THE PAST 12 MONTHS THAT PERTAIN TO THE PATIENT'S DIAGNOSIS.

Type of PET/CT Fusion Scan Required:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Body Scan
Skull base to mid-thigh, CPT code 78815 OR
Whole Body, CPT code 78816
<small>(determined based on the patient's diagnosis and medical history)</small> | <input type="checkbox"/> Brain Scan
Brain Metabolism
CPT code 78608 | <input type="checkbox"/> Cardiac Viability
Myocardial Imaging/Metabolic Evaluation
CPT code 78459 | <input type="checkbox"/> Radiation Treatment Planning
If applicable, list positioning preference and
positioning device below. Please provide
pictures if available.

_____ |
|---|--|--|---|

For oncology patients, please check the appropriate box:

- Diagnosis Initial Staging Restaging

CT Scan

PLEASE FORWARD ALL DIAGNOSTIC IMAGING REPORTS FROM THE PAST 12 MONTHS THAT PERTAIN TO THE PATIENT'S DIAGNOSIS.

CT SCAN WITH CONTRAST: BUN & CREA LAB VALUES, OBTAINED WITHIN THE PAST 30 DAYS, ARE REQUIRED FOR ALL PATIENTS OVER 50 YEARS OF AGE.

OUR FACILITY USES ONLY NON-IONIC CONTRAST.

- | | | | | |
|---|--|---|--|--|
| Head
<input type="checkbox"/> Brain | Spine
<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Lumbar Spine
<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Pelvis | Body
<input type="checkbox"/> Neck
<input type="checkbox"/> Thorax
<input type="checkbox"/> Abdomen | Extremities
<input type="checkbox"/> Upper Extremity
<input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Lower Extremity
<input type="checkbox"/> Left <input type="checkbox"/> Right | IV Contrast
Please choose one of the following:
<input type="checkbox"/> With Contrast
<input type="checkbox"/> Without Contrast
<input type="checkbox"/> With & Without Contrast |
|---|--|---|--|--|

Signature of Requesting Physician: _____

(Required)

Travel Directions To Metro Region PET Center



Metro Region PET Center Woodburn Nuclear Medicine

www.metroregionpet.com
NPI # 1659435055

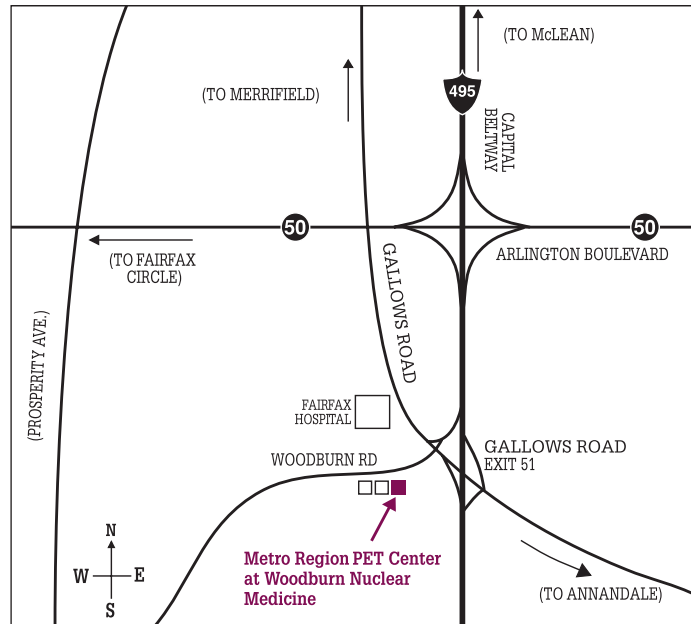
In Virginia at Woodburn Nuclear Medicine Location

Route 495 South: Exit 51 (Gallows Road) - Go straight across Gallows Road onto Woodburn Road to the first building on the left.

Route 495 North: Exit 51 (Gallows Road) - Turn left on Gallows Road. Turn left onto Woodburn Road to the first building on the left.

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In Maryland at Chevy Chase Location

From 495 South: Take the (MD-185) Connecticut Ave exit (Exit 33) toward Chevy Chase / Kensington. Merge onto (MD-185 South) Connecticut Ave. toward Chevy Chase. Turn right onto (MD-410 West) East-West Highway. Turn left onto (MD-355 South) Wisconsin Ave. The Barlow Building is on the right directly across from the Chevy Chase Shopping Center.

From 495 North: Take 495 N toward Rockville to Exit 39 River Road East. Follow River Road approximately 4 miles. Turn left onto Willard Ave. and then turn left onto Wisconsin Ave. The Barlow Building is 1/2 block down on the left hand side.

By Metro: Take the Metro (red line) to the Friendship Heights stop. Proceed to the Western Ave. exit, which is located on Wisconsin Ave. The exit will be on your left hand side in the direction of Hecht's. Once on Wisconsin Ave., walk one block North (left) to 5454 Wisconsin Ave.

Parking: Parking is available at the rear of the Barlow Building. We can validate parking here. From Wisconsin Ave. southbound take a right at South Park Ave. and a left at Hills Plaza Rd. From Wisconsin Ave. northbound take a left at Willard Ave. and a right at Hills Plaza Rd. Additional parking is also available as indicated on map. Larger map available on our website at www.metroregionpet.com.

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