



## PREP FOR CT SCAN

**Your appointment is scheduled for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NPO (**nothing to eat or drink**) six (6) hours prior to the procedure.

Two bottles of oral contrast (CT of the abdomen and/or pelvis only) are to be drank **STARTING** one hour prior to the appointment time. If the patient begins drinking more than one hour prior, he/she may be required to drink additional contrast before the scan is performed.

CT scans of the chest, head or neck do **NOT** require oral contrast.

If you have any questions please do not hesitate to call the appropriate office.

Tennessee Oncology



## PREP FOR P.E.T. SCAN

**Your appointment is scheduled for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NPO (**nothing to eat or drink**) 6 hours prior to the appointment.

Water is okay but **NO** other liquids allowed including coffee or tea.

**NO** gum, candy, cough drops, throat lozenges, etc.

It is preferable that the last meal eaten before the procedure be low-carb.

Regular medications are okay as long as they can be tolerated on an empty stomach. **NO** cough syrup or other liquid medication.

Patients who are on oral medications to control diabetes should stop taking these 6 hours prior to their appointment.

Insulin-dependent diabetic patients may have their last injection four (4) hours prior to their appointment but must remain NPO (**nothing to eat or drink**).

**NO** strenuous exercise, including rehab, 24 hours prior to the procedure.

Two bottles of oral contrast are to be drank one hour prior to appointment time.  
EXCEPTION: patients with Head and Neck cancer who are **NOT** also having a CT of the abdomen and/or pelvis.

If you have any questions please do not hesitate to call the appropriate office.



## Frequently asked questions regarding the P.E.T. procedure

**WHAT IS P.E.T.?** No, we are not talking about animal companions! P.E.T. is an acronym for Positron Emission Tomography. P.E.T. is an imaging test to gain important and unique information to help measure and manage your disease. In the last 15 years, P.E.T. has moved from the research environment to clinical application. P.E.T. is quickly becoming a leading diagnostic tool for all types of cancer and is used in neurology (the study of diseases of the nervous system) as well.

**WHAT IS THE DIFFERENCE BETWEEN P.E.T. AND OTHER IMAGING TECHNIQUES SUCH AS CT, MRI, OR NUCLEAR MEDICINE?** P.E.T. produces images of metabolic activity as opposed to images of the body's physical structures as in these other imaging techniques. A P.E.T. scanner is similar to a CT scanner in appearance only.

**HOW DOES P.E.T WORK?** A small amount of radioactive glucose (sugar) is introduced in the body where it is processed by abdominal organs and tissues as part of the normal function. The P.E.T. scanner is able to detect the location of the radiation in the body. A computer creates an image from the information received by the scanner. The unique information that P.E.T. provides is extremely useful to your physician. To further enhance the scan you may be asked to drink oral contrast one (1) hour prior to injection.

**WHAT ARE THE RISKS ASSOCIATED WITH THE P.E.T. SCAN?** Like Nuclear Medicine Bone Scans, you are exposed to a small amount of radioactive material that is not considered to be a threat to your health. The amount of radiation exposure you will receive is about the same as three x-rays. Pregnant and lactating women should discuss the procedure with their physician.

**HOW DO I PREPARE FOR A P.E.T. SCAN?** Plan not to eat six (6) hours prior to your exam. If you need to take medications, they can be taken with a small amount of water. Diabetic patients need to regulate their blood glucose to as normal a level as possible. Stop oral Diabetic meds 6 hours prior to appointment. Blood glucose levels will be checked before the injection of radioactive glucose. The blood glucose level needs to be less than 200 at the time of the scan. If you take insulin, it must be taken at least four (4) hours prior to your scan. If your glucose levels are over 200, please contact the P.E.T. facility prior to your appointment time. You should bring medications for pain, anxiety or claustrophobia if you need them plus a driver to take you home. Remember that the P.E.T. scan experience is similar to a CT or CAT scan. If you do not need medication for the CAT scan then you will be fine for the P.E.T. scan. Talk with your physician. Wear comfortable clothes. Expect the procedure to last a total of two (2) hours. **Please arrive 15 minutes prior to your scheduled time. If you need to reschedule, notification must be given twenty-four (24) hours in advance.**

**WHAT SHOULD I BRING FOR A P.E.T SCAN?** **The radiologist will need any previous x-rays, CT, MRI, or Nuclear Medicine scans you may have had to compare to your P.E.T. scan. We currently retrieve those films done at Baptist, Centennial, St. Thomas, Southern Hills, Summit, Skyline, Murfreesboro, Clarksville, Lebanon, Gallatin, Springfield, Tullahoma, Dickson, Hendersonville, Shelbyville, Metro General Hosp., Williamson County and local imaging centers.** If you need medications for pain, anxiety or claustrophobia, please bring them with you to take prior to the scan. If you take medications for any of these reasons, you will need to bring a driver. Remember, the P.E.T. scan experience is similar to a CT or CAT scan.



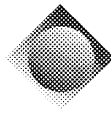
**WHAT HAPPENS DURING THE PET SCAN?** You will be asked some questions regarding your medical history, which will include your current medications. You will need to show your insurance card. A blood glucose level will be taken. You will receive an intravenous administration of radioactive material in a vein. The radioactive injection may be in the arm at the bend of the elbow, hand or even foot. Patients do not experience any reactions or side effects to the radioactive glucose injection. The metabolism or uptake of the radioactive glucose in the body varies for each type of study. You will be asked to remain very still with no movement being allowed. The pictures generally take about 30-35 minutes to obtain. Be prepared to be in the P.E.T. facility for two (2) hours.

**WHAT HAPPENS AFTER THE PET SCAN?** You should eat and drink plenty of fluids after your study is completed. You will not experience any side effects from the study.

**WHAT ARE THE BENEFITS OF THE PET SCAN?** The PET scan will give your physician information that is not available from other imaging studies. The other imaging studies give information on anatomy such as physical size and structure of your organs and bones. PET shows your body utilizing or metabolizing the radioactive glucose (sugar) that is injected in your vein. It will help your physician locate and manage your disease.

**WHEN WILL I RECEIVE THE RESULTS OF THE PET SCAN?** The results of the PET scan will be sent to your referring physician. Your physician will give you the P.E.T. scan report.

**IF YOU HAVE FURTHER QUESTIONS, ASK YOUR PHYSICIAN.**



# Tennessee Oncology

## Patient Financial Policy

Tennessee Oncology welcomes you as a patient. We will make every effort to work with you and your insurer to maximize your healthcare benefits. As a service to our patients, Tennessee Oncology provide registration, insurance verification and filing assistance with payment arrangements, and works extensively with insurance companies to receive maximum healthcare benefits. All primary and secondary insurance policies are filed for the patient. However, it is the patients responsibility to pay ay deductibles, co-insurance and other balances no paid by the insurane company. Patient statements are mailed monthly outlining insurance filed and patient balances due. Patient balances are due and payable within 30 days unless special arrangements are coordinated with the P.E.T. Registrar and/or our Billing Office.

To avoid any problems and to expedite the services you require, please make every effort to notify us immediately of any changes in your insurance coverage or carrier status. Also, please be aware of the following.

- **You are responsible for knowing your benefits, including co-payment or coinsurance levels, requirements for specialist referrals and any benefit exclusions. Your insurance company's Customer Service Department can help answer any coverage questions for you or your family. The number for your insurer's Customer Service Department is listed on the back of your insurance identification card.**
- Please bring your insurance identification card(s) and pharmacy benefit card with you for **each** visit.
- Patients are responsible for co-payments at the time of service. Please the the receptionist know if payment is not possible at the time of the visit so payment arrangements can be made.
- You must have the proper insurance referral prior to your visit. The P.E.T. Registrar will assist you with obtaining the referral from your PCP or specialist. If a valid referral has not been obtained prior to your appointment, you may be asked to:
  - Assist with obtaining the referral
  - Rescheduling the appointment or
  - Having the option to pay full charges for the visitEvery effort will be made to have the freferral prior to your visit.
- If services are not covered by your insurance company, you will be billed directly for these services. Payment arrangements will be set up prior to your appointment at our facility.
- Your insurance company will/may require prior authorization for procedures performed at our facility. The P.E.T. Registrar will contact your insurance company to verify benefits and obtain the necassary authorization prior to your appointment. It may be necessary for the Registrar to discuss certain coverage issues with you prior to your visit, depending upon information supplied by your insurer.
- A 24-hour appointment cancellation notice is required or the cost of the P.E.T. contrast material (\$600) will be billed to the patient.
- If you have concerns or complaints about the healthcare benefits provided by your insurance company, we encourage you to contact your employer's Human Resource Department.
- If you are experiencing any difficulties with your insurance benefits, you have access to the Consumer Insurance Services Division of the Tennessee Department of Commerce & Insurance. You can contact Consumer Insurance Services with complaints or concerns at 615/741-2218 or 800/342-4029.

Please let us know if you have concerns or problems with the services provided by this facility. Your feedback helps us continue to improve our service to you. We are committed to quality patient care and your satisfaction.

**Your signature below indicates your agreement to abide by the policies of this practice as referenced above.**

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**Patient Signature or Responsible Party**

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**Date**

Reorder Form # **TNONC-PET-1090 (06/09)**

Performance Business Forms Inc. • (615) 259-3647



## A PET CAN MAKE A DIFFERENCE

A Position Emission Tomography (PET) Scan and combination CT Scan is the newest of useful tools in treating our patients. If your doctor feels that a PET/CT is right for you, here is what you can expect:

- Nothing to eat or drink for six hours prior to the scan, this includes NO gum, candy, cough drops, throat lozanges, etc.. You may have water.
- You will be given two bottles of ORAL contrast to drink 1 hour prior to the test.
- At the time of your appointment, you will be given an IV of Glucose marked with a radioactive tracer.
  - There are special instructions for diabetic patients. Please read the instructions you are given when the appointment is made.
  - Portcaths are not accessed for this administration
- You will sit QUIETLY in a dimly lit room for approximately one hour. This allows the glucose to be absorbed in your body. After this time, you will be asked to drink a small amount of oral contrast.
- You will lie on the scanner (at certain times, your arms may need to be above your head) for approximately 30 minutes.
- The PET is complete!
- The CT scans ordered will be performed immediately prior to your PET scan.

Your results will be read by our radiologist who will relay the reports to your physician

# P.E.T. / CT ORDER FORM

**Tennessee Oncology PET Services**  
2018 Murphy Ave., Suite 200  
Nashville, TN 37203  
Phone (615) 320-7387  
Fax (615) 327-3756

**Tennessee PET Scan Center**  
1020 N. Highland Ave., Suite B  
Murfreesboro, TN 37130  
Phone (615) 890-5858  
Fax (615) 890-5670

**Tennessee Oncology -Franklin CT**  
4323 Carothers Pkwy., Suite 500  
Franklin, TN 37067  
Phone (615) 591-4764  
Fax (615) 591-7947

**Imaging Alliance-Nashville PET**  
52 White Bridge Road  
Nashville, TN 37205  
Phone (615) 354-1255  
Fax (615) 354-9806

## PET Order

STAT Report

- Standard PET (skull base to mid thigh, CPT 78815)  
 Whole Body PET (for initial staging Melanoma ONLY, CPT 78816)  
 Brain PET (CPT 78608)

## CT Order

STAT Report

**(IV CONTRAST WILL BE GIVEN WHERE APPROPRIATE UNLESS SPECIFIED OTHERWISE)**

- |   |   |
|---|---|
| <input type="checkbox"/> Chest                              | <input type="checkbox"/> Head                     |
| <input type="checkbox"/> Abdomen (diaphragm to iliac crest) | <input type="checkbox"/> Neck                     |
| <input type="checkbox"/> Pelvis (iliac crest to pubis)      | <input type="checkbox"/> Sinus                    |
| <input type="checkbox"/> Orbits                             | <input type="checkbox"/> Extremity, specify _____ |
| <input type="checkbox"/> Other, specify _____               |   |

**REGISTRATION/SCHEDULING INFORMATION:** Date Scheduled: \_\_\_\_\_ Appt. Date: \_\_\_\_\_

Scheduled by: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

## PATIENT / INSURANCE DEMOGRAPHICS:

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance(s): \_\_\_\_\_ / \_\_\_\_\_ CT Auth #: \_\_\_\_\_

Primary Insurance ID Number: \_\_\_\_\_ Secondary Insurance ID Number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## CLINICAL INFORMATION:

Primary Diagnosis: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**IV Contrast Allergy:** \_\_\_ Yes \_\_\_ No \_\_\_ Unknown **Research:** \_\_\_ Yes \_\_\_ No **Study Name:** \_\_\_\_\_

Date and Location of Previous Scans: \_\_\_\_\_

Fax Additional Report to: \_\_\_\_\_ Fax #: \_\_\_\_\_