



PET/CT SCAN REFERRAL FORM
Outpatient Imaging Services
Phone: (864) 560-7777 Fax: (864) 560-6613

Information for patient: Please report to Regional Medical Center Admission Department 30 minutes prior to your appointment time for registration.

Please read all instructions (on back) completely.

Appointment Date: _____ Appointment Time: _____

Patient Name: _____		SSN: _____	
Date of Birth: _____		Height: _____	Weight: _____
Home Phone: _____		Alternate Phone: _____	
Referring Physician (print): _____			Date: _____
Physician Address: _____			
Physician Signature (Required): _____			
Phone: _____		Fax: _____	

Exam Requested: _____

PET/CT Scan: _____

Whole Body Scan : (Melanoma)

Base of Skull to Mid Thigh

Head and Neck

Diagnosis (**Required**): _____

Patient History: _____

Previous Studies: CT MRI

Other: _____

Diabetes: Yes No

If yes, oral medications? _____

Where were these studies performed? _____

Pregnant or breastfeeding: Yes No

Cancer treatment: Radiation Therapy

Chemotherapy

Date of last treatment: _____

Has patient had recent surgery/biopsy within last 6 months? Yes No

If yes, when _____

Where (anatomical location) _____

Has patient received chemotherapy/radiation therapy? Yes No

If yes, when _____

Please fax this form to (864) 560-6613. Patient MUST bring a copy to their scheduled appointment.

Physician Signature **Date**

PET/CT Scan Patient Preparation Information:

- For all oncology PET/CT exams, the patient should have nothing by mouth for 4-6 hours prior to study. Patient may drink water, but no other type liquid.
- Patient should be well hydrated with plain water only, prior to appointment.
- No pregnant patients may have a PET/CT exam; Breast-feeding mothers should contact Nuclear Medicine Department (864) 560-6166 for further instructions.
- The patient may take any other scheduled medications if they can tolerate them on an empty stomach. If the patient requires pain medication to lie down flat, please have patient bring that medication with them to their appointment.
- The hospital will not provide pain or anxiety medications; arrangements should be made prior to patient's arrival.
- Have the patient wear loose fitting clothes on the day of the exam. It will be necessary to remove all metal hairpins and metal objects from pockets prior to the exam.
- The patient should be prepared to be at the hospital for approximately 2 to 4 hours.
- Patient cannot have PET/CT scan while receiving radiation therapy or chemotherapy. The patient must wait 3 months after radiation therapy and one week after chemotherapy has been completed.

PET/CT Scans may need pre-certification. Please check with the insurance carrier.

DIRECTIONS TO SPARTANBURG REGIONAL MEDICAL CENTER

On Business 85, take exit 5A(I-585/Pine Street) toward downtown Spartanburg. Go 1.5 miles, take exit 25B (Hwy.221/Church Street) and turn right at bottom of exit ramp. At the traffic light, merge left onto North Church Street. Turn left at the traffic light onto East Wood Street. The hospital is on the right and parking deck is on the left. The PET/CT Scanner is located near the entrance to Inpatient Oncology.



Patient Label