

KOI PET/CT Scheduling / Orders

Order date: _____ **Appointment date:** _____ **Check in Time:** _____ am pm
Insurance authorization #: _____ **Scheduled by:** _____ **Time:** _____ am pm
Patient name (print): _____ **Taken by:** _____ **Birthdate:** _____
Primary phone: _____ **Secondary phone:** _____
 Previous related studies: Where performed? Kootenai Health Other (please specify): _____

Ordering/Referring Provider name (print): _____ **CC Provider(s):** _____ **Fax:** _____
Provider Signature: _____ **Date:** _____ **Time:** _____

PET / CT EXAM REQUESTED - CHOOSE RADIOTRACER <u>AND</u> BODY AREA	
<input type="checkbox"/> F-18 FDG (A9552) - For most cancers; exceptions below	<input type="checkbox"/> 78815 Skull to Thigh <input type="checkbox"/> 78816 Whole/Total Body {AKA Head to Toe} <input type="checkbox"/> 78608 Brain Only
<input type="checkbox"/> F-18 FDG (A9552) Brain - Alzheimer's/Dementia Evaluation with NeuroQ Quantification	<input type="checkbox"/> 78608 Brain only
<input type="checkbox"/> F-18 Fluciclovine (Axumin-A9588) - Prostate (suspected cancer recurrence)	<input type="checkbox"/> 78815 Skull to Thigh
<input type="checkbox"/> Cu-64 Dotatate (Detectnet-A9592) - Neuroendocrine Tumor Note to Ordering Provider: Somatostatin analogs need to be withheld <ul style="list-style-type: none"> Long Acting: 28 days Short Acting: 2 days 	<input type="checkbox"/> 78815 Skull to Thigh
Primary Diagnosis: _____	ICD-10 Code: _____
Reason for Study: <ul style="list-style-type: none"> <input type="checkbox"/> Initial Treatment Strategy (diagnosis/initial staging - cannot be used for Axumin) <input type="checkbox"/> Subsequent Treatment Strategy (restaging/monitoring/recurrence) How Many prior PET/CT scans has the patient had? _____	

INSTRUCTIONS FOR YOUR PET/CT SCAN IMPORTANT NOTES

1. Please arrive 30 minutes prior to your appointment time.
2. Take your regularly scheduled medications before arriving (if you can tolerate it on an empty stomach), including any oral diabetic medication.
3. You will be lying flat on your back for approximately 30 minutes during your scan.
4. Please do not bring small children and/or pregnant women with you to your PET scan.
5. Please wear clothing without metal snaps, metal buttons or zippers.
6. Jewelry will need to be removed prior to the PET scan. It is best to leave at home.
7. For 8 hours after the scan, you should not be in close contact with children ages 12 and under.

See PREP Instructions and DIRECTIONS on pages to follow
IMPORTANT: Please provide 48 hour notice for cancelation or to reschedule exam - (208) 625-6300

Patient Identification - Write in or attach patient label
 Name:
 MRN #:
 CSN #:
 DOB/Sex:



Referral Attachment
 920035-012

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Appointment Information

Appointment or Exam Preparation Questions?

Call: (208) 625-6300

Kootenai Outpatient Imaging
Kootenai Health Park
1300 E. Mullan • Post Falls, ID 83854
T: 208-625-5564 • F: 208-625-6301
Hours: M-F 8-9pm • Sat & Sun 9-9pm

F-18 FDG Radiotracer (used for most cancers and neurologic diseases)

The Day Prior:

- **Foods to Avoid:** All dairy (except butter and cheese, refined sugar, artificial sweeteners, peanut butter, all fruits, tomatoes, raisins, beets, carrots, corn, kidney beans, peas, yams, cereal (hot or cold), rice cakes, all breads, muffins, tortillas, potatoes, pretzels, chips, rice, granola, oatmeal, pasta, soda and fruit juices.
- **Food Suggestions:** High protein, low-carbohydrate diet for 24 hours prior to your scan to increase the quality of your PET/CT images. You can have meats such as beef, pork, chicken, ham, turkey, fish, bacon and sausage. Meal suggestions include scrambled eggs with ham, meat omelets, cheese and veggies, deviled eggs, eggs, chicken or tuna salad (OK to mix with a little mayo) wrapped in lettuce leaves, hamburger patties with cheese and green lettuce salad with salad dressing (use sparingly), chicken with broccoli and cheese, steak with mushrooms, onions, cauliflower, green beans, nuts, chef salad, taco salad (no tortilla), string cheese, cucumbers, celery, avocados, beef or chicken broth.
- **Coffee/Tea:** You can have black coffee or black tea the day before your exam.
- **Alcohol:** No alcohol 24 hours prior to your scan.
- **Activity:** No strenuous activity 24 hours prior to your scan.
Water: Drink at least 4 glasses of water. Do this only if you are not restricted to low fluid intake.
- **Smoking/Tobacco Use:** No smoking or tobacco use 8 hours prior to your scan.

The Day Of:

- **Food:** No food 6 hours prior to scan (including gum, breath mints, cough drops, hard candy or anything that may contain sugar).
- **Water:** Drink at least 2 glasses of water prior to your arrival. It must be plain, unflavored water.
- **Coffee/Tea:** No tea or coffee prior to scan.
- **Length of Scan:** Allow 2 hours

F-18 Fluciclovine (Axumin) Radiotracer (For prostate cancer recurrence)

The Day Prior:

- **Eating:** There are no food restrictions.
- **Water:** Drink at least 4 glasses of water. Do this only if you are not restricted to low fluid intake.
- **Exercise:** No strenuous exercise 24 hours prior to your scan.

The Day Of:

- **Eating:** No food 4 hours prior to scan
- **Water:** Drink at least two 8-oz glasses of water the day of your scan, prior to your arrival. It must be plain, unflavored water. NO tea or coffee
- **Length of Scan:** Allow 1 hour

Cu-64 Dotatate (Detectnet) Radiotracer (For neuroendocrine tumors)

The Day Prior:

- **Eating:** There are no food restrictions.
- **Water:** Drink at least 4 glasses of water. Do this only if you are not restricted to low fluid intake.
- **Exercise:** No strenuous exercise 24 hours prior to your scan.
- **Medications:** Have you withheld somatostatin analogs as per provider's instructions?

The Day Of:

- **Eating:** There are no food restrictions.
- **Water:** Drink at least two 8-oz glasses of water the day of your scan, prior to your arrival.
- **Medications:** Take as directed
- **Length of Scan:** Allow 2 hours

Driving directions from Kootenai Outpatient Imaging in CDA, Idaho:

- Head West on W. Ironwood Drive about 1 mile and turn right onto Northwest Blvd.
- Continue onto N. Ramsey Road and turn left at stoplight to take I-90 West toward Post Falls / Spokane.
- Take Exit 6 for Seltice Way and turn right onto E. Seltice Way.
- Take the 2nd right onto N. Idaho Street. Take the 2nd right onto E. Mullan Avenue and go about ½ mile.
- The Post Falls Health Park (light blue building) will be on the right.

Driving directions from Spokane, WA:

- Take I-90 East to Exit 5 for Spokane Street. Turn left onto N. Spokane Street. Go @ 1/3 of a mile and turn right onto E. Mullan Avenue and go about ½ mile. The Post Falls Health Park (light blue building) will be on the right.

Driving directions from Sandpoint, ID:

- Take US-95 (36 miles) and make a sharp right onto ID-53 West (go 4.6 miles). Continue straight onto ID-41 South for 7.3 miles and turn right onto E. Mullan Avenue. Go 1.6 miles and the Post Falls Health Park (light blue building) will be on your left.

Driving directions from St. Marie's, ID:

- Take ID-5 West/Main Avenue for 18.6 miles and turn right onto US-95 North for 32.4 miles.
- Take the exit on the left toward Post Falls / I-90 (.2 mile). Turn right onto Northwest Blvd. (.9 mile).
- Continue onto N. Ramsey Road (.1 mile). Turn left to merge onto I-90 toward Post Falls / Spokane.
- Take Exit 6 for Seltice Way and turn right onto E. Seltice Way.
- Take the 2nd right onto N. Idaho Street. Take the 2nd right onto E. Mullan Avenue and go about ½ mile.
- The Post Falls Health Park (light blue building) will be on the right.

