

PET Completion Form

National Oncologic PET Registry

- This form is completed by the PET Facility via Web-based data entry within 14 days of case registration.
 - The PET scan must be completed within 14 days of case registration. If the case was registered more than 14 days prior to the PET scan the patient must be re-registered. The original case registration will be cancelled and the \$50 will be refunded.
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PET FACILITY ID #: _____

REGISTRY CASE #: _____

1. DATE SCAN COMPLETED: ____/____/____
(must be within 14 days of registration)

2. Scan Type (you must check one)

PET PET-CT

3. Region(s) Scanned (you must check only one)

Body Only

(Study will be billed using one of the following CPT Codes: 78811-78816. Select this entry even if the brain was intentionally or incidentally included in a body PET imaging study.)

DEDICATED Brain Only

(Study was performed with a brain acquisition protocol and will be billed using CPT Code 78608.)

Both DEDICATED Body AND Brain

(Brain study was performed with a brain acquisition protocol and will be billed using CPT Code 78608 AND body study was performed and will be billed using one of the following CPT Codes: 78811-78816.)

4. SCANNER INFORMATION

Facility's Scanner Identifier (facility's name for scanner) - Pull Down Menu of Facility's Scanner Info

5. NAME OF PERSON SUBMITTING THIS FORM

First Name: _____ Last Name: _____ Date (auto filled) _____