

To schedule a patient please call (866) 245-5995
 Fax this form to the Scheduling Dept. at (800) 508-1064

Please identify location for PET/CT to be completed:

- Mercy Hospital** – 175 Fore River Parkway, Portland
- York Hospital** – Wells Walk In Care, 114 Sanford Road, Wells

FDG-PET Brain Imaging for Alzheimer’s Disease & Fronto-temporal Dementia

PATIENT INFORMATION

[1] Patient Name	[2] Date of Birth	[3] Height	[4] Weight
[5] Patient Address	[6] Patient Telephone #		[7] Patient Mobile #
[8] Referring Provider	[9] ICD Code (Optional)	[10] Provider Telephone #	[11] Provider Fax#

INSURANCE INFORMATION

[13] Primary Insurance	[14] Subscribers Insurance ID #	[15] Secondary Insurance	[16] Insurance Prior Authorization #
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[17] Patient symptoms, background information and clinical history that indicates the patient meets diagnostic criteria for FTD and AD:

Medicare covers FDG-PET scans for the beginning September 15, 2004 for FDG-PET scans for the differential diagnosis of fronto-temporal dementia (FTD) and Alzheimer’s disease (AD) under specific requirements. An FDG-PET scan is considered reasonable and necessary in patients with a recent diagnosis of dementia and documented cognitive decline of at least 6 months, who meet diagnostic criteria for both AD and FTD.

- The patient’s onset, clinical presentation, or course of cognitive impairment is such that FTD is suspected as an alternative neurodegenerative cause of the cognitive decline.
- The patient has had a comprehensive clinical evaluation (as defined by the American Academy of Neurology (AAN) encompassing a medical history from the patient and a well-acquainted informant (including assessment of activities of daily living), physical and mental status examination (including formal documentation of cognitive decline occurring over at least 6 months) aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as magnetic resonance imaging (MRI) or computed tomography (CT);
- The evaluation of the patient has been conducted by a physician experienced in the diagnosis and assessment of dementia;
- The evaluation of the patient did not clearly determine a specific neurodegenerative disease or other cause for the clinical symptoms, and information available through FDG-PET is reasonably expected to help clarify the diagnosis between FTD and AD and help guide future treatment;
- A brain SPECT or FDG-PET scan has not been obtained for the same indication. If the results of a prior SPECT or FDG-PET were inconclusive an FDG-PET may be covered after a period of one year.

<input type="radio"/> Date of onset of symptoms <input type="radio"/> Diagnosis of clinical syndrome (e.g. normal aging; mild cognitive impairment or MCI; mild, moderate or severe dementia) <input type="radio"/> Mini mental status exam (MMSE) or similar test score <input type="radio"/> Presumptive cause (possible, probably, uncertain AD) <input type="radio"/> Any neuropsychological testing performed <input type="radio"/> Results of any structural imaging performed <input type="radio"/> Relevant laboratory tests (B12, thyroid hormone) <input type="radio"/> Number and name of prescribed medications	Date: _____ Date: _____ Examiner’s name: _____ Score: _____ Date: _____ <hr/> In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> Not Indicated: _____ In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No In patient chart: <input type="checkbox"/> Yes <input type="checkbox"/> No
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[18] Is the Patient Diabetic? Yes No

[19] Authorized Treating Provider’s Signature: (Stamps Not Accepted)	[20] NPI #	[21] Date
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By signing this request form I acknowledge full responsibility for the information that must be completed and maintained in this patient’s medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review.