
FASTER, EASIER, MORE CONVENIENT.

MRI, OPEN MRI, PET & CT SERVICES AT MSU'S CLINICAL CENTER



FAX ORDERS

Fax the Order Form only (include additional required documents for PET). We will then contact the patient to ask the Pre-Screening Questions and schedule the exam. We will fax the form back to your office with the date and time filled in at the bottom-right.



PHONE ORDERS

(MRI & CT Only)

Use both the Order and Pre-Screening Forms as a guide when calling our office to place a verbal order. We also require that you fax both forms to our office.

MRI & PET PH: (517) 353-5053

OPEN MRI & CT PH: (517) 432-8808

FAX: (517) 432-4394

MRI

MON-FRI: 6:30AM-10PM
SAT & SUN: 6:30AM-6:30PM

OPEN MRI

MON & THURS: 8AM-10PM
TUES, WED & FRI: 8AM-4PM

PET/CT

MON-FRI: 8AM-5PM



MICHIGAN STATE UNIVERSITY
 D-100 CLINICAL CENTER
 138 SERVICE ROAD
 EAST LANSING, MI 48824

Department of
RADIOLOGY

PHONE: (517) 353-5053
 FAX: (517) 432-4394
 WWW.RAD.MSU.EDU
 MON-FRI: 8:00AM-5PM

MSU FUSION PET/CT ORDER FORM

FAX ORDERS WITH... Most recent History & Physical Most recent progress note Relevant pathology report(s)
 Copy of insurance card(s) (front & back) Relevant radiology report(s) (not from MSU)

DIAGNOSIS STAGING RESTAGING TREATMENT MONITORING (*Registry only, except breast*)

		PET CODES	CT CODES*			PET CODES	CT CODES*
<input type="checkbox"/>	BONE SCAN LIMITED F-18 Fluoride (<i>Restricted Medicare coverage</i>) <small>3 phase study: 78315</small>	78300 or 78315	N/A	<input type="checkbox"/>	LUNG CANCER (NSCLC) Non-small cell lung cancer	78815	71260
<input type="checkbox"/>	BONE SCAN WHOLE BODY ONCOLOGY F-18 Fluoride (<i>Restricted Medicare coverage</i>)	78815	N/A	<input type="checkbox"/>	LYMPHOMA	78815	70491, 71260 74160, 72193 <small>(Diagnosis/Staging)</small>
<input type="checkbox"/>	BRAIN Localization Seizure Disorder	78608	70450	<input type="checkbox"/>	MELANOMA Upper extremity or body: Lower extremity:	78815 78816	N/A
<input type="checkbox"/>	BRAIN Alzheimer's Disease vs. Frontal Temporal Dementia	78608	70450	<input type="checkbox"/>	MYOCARDIAL PERFUSION Rest & Pharmacologic Stress N-13 Ammonia	78492	N/A
<input type="checkbox"/>	BRAIN CANCER (<i>If Medicare, fax Pre-PET Tumor Registry form</i>)	78608	70450	<input type="checkbox"/>	MYOCARDIAL VIABILITY F-18 FDG with Rest N-13 Myocardial Perfusion exam	78459 78491	N/A
<input type="checkbox"/>	BREAST Staging and Restaging only	78815	N/A	<input type="checkbox"/>	SARCOMA Upper extremity or body: Lower extremity: (<i>If Medicare, fax Pre-PET Tumor Registry form</i>)	78815 78816	N/A
<input type="checkbox"/>	CERVICAL CANCER Initial Staging	78815	74160, 72193	<input type="checkbox"/>	SOLITARY PULMONARY NODULE (SPN) Less than 4cm in size	78815	71260
<input type="checkbox"/>	COLORECTAL CARCINOMA	78815	74160, 72193	<input type="checkbox"/>	THYROID CANCER Serum TG > 10ng/ml and negative I-131 WBS	78815	70491
<input type="checkbox"/>	ESOPHAGEAL CANCER	78815	70491, 71260, 74160, 72193				
<input type="checkbox"/>	HEAD & NECK CANCER Excluding brain, thyroid & CNS cancers	78815	70491				
<input type="checkbox"/>	OTHER ABDOMINAL PELVIC MALIGNANCIES (<i>If Medicare, fax Pre-PET Tumor Registry form</i>)	Specify type: _____				78815	74160, 72193
<input type="checkbox"/>	OTHER THORACIC MALIGNANCIES (<i>If Medicare, fax Pre-PET Tumor Registry form</i>)	Specify type: _____				78815	71260

*** I.V. CONTRAST** For CT exams, i.v. contrast is recommended as specified by chart above. I.V. contrast will not be administered if

patient has had CT within the last 30 days, patient has contrast contraindication or following box is checked: Do not administer i.v. contrast

Administer i.v. contrast at radiologist's discretion (chart above) I.V. contrast required, check location(s): Brain Neck Chest Abdomen & Pelvis

DATE REQUESTS First available appointment will be selected unless otherwise specified: _____

REFERRING DR. Dr's Name: _____ Form filled out by: _____

Office Phone: () - - Fax: () - -

PATIENT & INSURANCE INFORMATION

Name: _____, _____ MI.
Last First

Home Phone: () - - Work/Cell: () - -

DOB: ___ / ___ / ___ Male / Female Weight: _____ (Limit 400 lbs.) Height: _____

Insurance Type(s)*: _____ Precert#: _____

Fax both sides of card(s) or provide following: Contract#(include letters): _____ Group#: _____

If any type of BC/BS of MI is primary, contact AIM at 1-800-728-8008 for a precert#.

FOR MSU USE ONLY

This exam is scheduled for...

Date: _____

Arrive at: _____ am/pm

Scheduled by: _____

ID#: _____

Notes/Special Instructions:

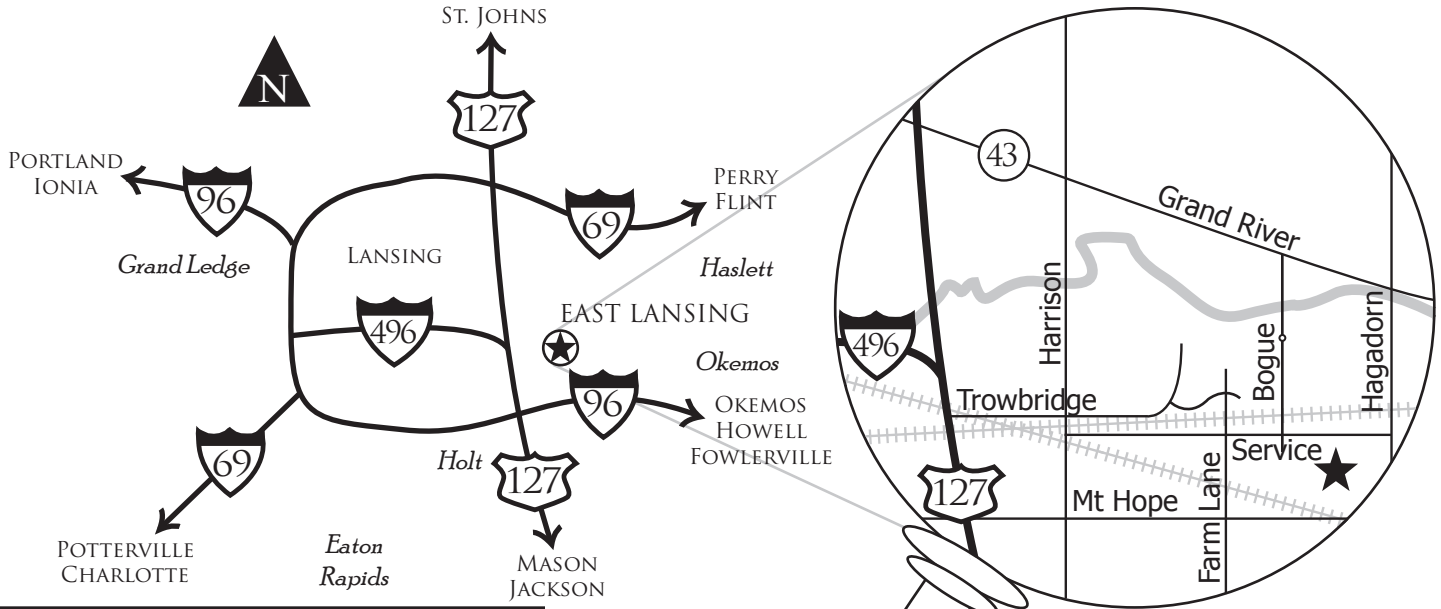
We will contact the patient to schedule their exam and fax this form back to you with the Date/Time filled in above.



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DIRECTIONS TO THE MSU CLINICAL CENTER • MR/PET/CT DEPT.



FROM THE NORTH OR SOUTH (via US-127)

- US-127 South or North to Trowbridge Rd. exit (exit 9)
- Turn Right onto Harrison Rd. go <0.1 mile (Immediately get into the left lane)
- Turn Left onto Service Rd go 1.5 miles
- We are on the Right hand side after you cross Farm Lane, pull in after you pass the Clinical Center.

FROM THE NORTHEAST (via I-69)

- I-69 West to East Lansing, Business 69 (Exit 94)/E. Saginaw St go 3.3 miles
- Left onto Hagadorn Rd go 3 miles
- Right onto Service Rd go <0.1 mile
- We are on the Left hand side, pull in before the Clinical Center.

FROM THE SOUTHEAST (via I-96)

- I-96 West to Okemos Rd (Exit 110)
- Turn Right off exit ramp onto Okemos Rd go 2.25 miles
- Turn Left onto Mt. Hope Rd go 1.5 miles
- Turn Right onto Hagadorn Rd go <0.5 mile
- Turn Left onto Service Rd go <0.5 mile
- We are on the Left hand side, pull in before the Clinical Center.

FROM THE SOUTHWEST (via I-69)

- I-69 East to the I-96 East exit (Exit 72)
- Take I-96 East to the Downtown Lansing/US-127 exit (Exit 106-B).
- Take US-127 North to Trowbridge Rd (exit 9) go 1 mile
- Right onto Harrison Rd go <0.1 mile (Immediately get into the left lane)
- Turn Left onto Service Rd go 1 mile
- We are on the Right hand side after you cross Farm Lane, pull in after you pass the Clinical Center.

FROM THE NORTHWEST (via I-96)

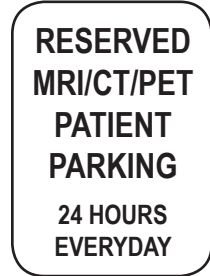
- I-96 East to I-496 Downtown Lansing exit (Exit 95)
- Turn Right off exit ramp onto Okemos Rd go 2.25 miles
- Turn Left onto Mt. Hope Rd .. go 1.5 miles
- Turn Right onto Hagadorn Rd ... go <0.5 mile
- Turn Left onto Service Rd ... go <0.5 mile
- We are on the Left hand side, pull in before the Clinical Center.

PARKING

Once you pull into the driveway EAST of the Clinical Center at our big green and white lighted sign...

**RADIOLOGY BUILDING
 MAGNETIC RESONANCE IMAGING**

...follow the white signs for "MRI/CT Patient Parking" and park in a designated parking spot with one of these signs...



...then follow the white signs for "MRI/CT Patient Entrance".

We are located just inside this door on the first floor in room D-100.

MY APPT DATE:

ARRIVAL TIME: