



Authorization Request Form - Part 2 Cardiac Positron Emission Tomography (PET)

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely →

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section if submitting for any of the following: **Coronary Artery Disease, Chest Pain, Atrial Fibrillation, Shortness of Breath, Cardiomyopathies**

Question 1	<p>Does the patient have any of the following?</p> <table><tr><td><input type="checkbox"/> Chest pain that is substernal or retrosternal</td><td><input type="checkbox"/> Unexplained dyspnea on exertion</td></tr><tr><td><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</td><td><input type="checkbox"/> Unexplained congestive heart failure</td></tr><tr><td><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</td><td><input type="checkbox"/> History of presyncope or syncope</td></tr><tr><td><input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)</td><td><input type="checkbox"/> None of the above</td></tr><tr><td><input type="checkbox"/> Acute chest pain</td><td></td></tr></table>	<input type="checkbox"/> Chest pain that is substernal or retrosternal	<input type="checkbox"/> Unexplained dyspnea on exertion	<input type="checkbox"/> Chest pain provoked by exertion or an emotional event	<input type="checkbox"/> Unexplained congestive heart failure	<input type="checkbox"/> Chest pain relieved by rest or nitroglycerin	<input type="checkbox"/> History of presyncope or syncope	<input type="checkbox"/> Unexplained chest pain (or ischemic equivalent)	<input type="checkbox"/> None of the above	<input type="checkbox"/> Acute chest pain	
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Fill out the following section if submitting for any of the following: **Ventricular Arrhythmia**

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Fill out the following section if submitting for any of the following: **Syncope and Presyncope**

Question 1	<p>Is the patient documented to have Syncope or Presyncope?</p> <p><input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH exertion.</p> <p><input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITHOUT exertion.</p> <p><input type="radio"/> Yes, the patient presents with Syncope or Presyncope WITH AND WITHOUT exertion.</p> <p><input type="radio"/> No, the patient is not documented to have Syncope or Presyncope.</p>
Question 2	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Chest pain that is substernal or retrosternal</p> <p><input type="checkbox"/> Chest pain provoked by exertion or an emotional event</p> <p><input type="checkbox"/> Chest pain relieved by rest or nitroglycerin</p> <p><input type="checkbox"/> Unexplained dyspnea on exertion</p> <p><input type="checkbox"/> None of the above</p>
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Question 6	<p>Does the patient have any of the following?</p> <p><input type="checkbox"/> Patient has a contraindication to vasodilators (e.g., adenosine, regadenoson, and dipyridamole)</p> <p><input type="checkbox"/> The patient has any unstable cardiac or pulmonary conditions.</p> <p><input type="checkbox"/> Normal coronary angiogram or CCTA within the last two years with no stenosis or plaque</p> <p><input type="checkbox"/> Normal stress test within the last year</p> <p><input type="checkbox"/> None of the above</p>