

[0938-0968 FORM #2]

**Case Registration Form
National Oncologic PET Registry**

PET Facility log-in information (facility ID, password): _____

1. PATIENT INFORMATION

Date: ____/____/____ Social Security #: ____-____-____

Last name: _____ First name: _____

Date of Birth: ____/____/____ Patient's Zip Code: _____

Gender: Male Female Ethnicity: Hispanic Not Hispanic Unknown Race: Asian Black or African American White or Caucasian Other Unknown

2. REFERRING PHYSICIAN INFORMATION

UPIN #: _____ or NPI #: _____

Last name: _____ First name: _____

Office Telephone: (____) _____ Office Fax: (____) _____

3. HAS THE PRE-PET FORM BEEN COMPLETED? Yes No

(if Yes is checked the PET facility will not be E-mailed a Pre-PET form to complete)

4. DATE PATIENT SCHEDULED FOR PET SCAN? ____/____/____

(Must be within 14 days of registration.)

5. NAME OF PERSON SUBMITTING THIS FORM

Last name: _____

First name: _____

Date: ____/____/____

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0968. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.