



www.petimagingflorida.com

Please Check (✓) the Appropriate Location for Patient Appointment

Hollywood
1150 North 35th Avenue • Suite 665
Hollywood, Florida 33021
Phone: 954-981-6668
Fax: 954-981-5944

Pembroke Pines
603 N. Flamingo Road • Suite 155
Pembroke Pines, Florida 33028
Phone: 954-450-2202
Fax: 954-450-8401

PET/CT Requisition Form

Date:
Patient's Last Name: First Name: Date of Birth:
Home Phone: Work Phone: Gender: M / F
Social Security #: Height: Weight:
Referring Physician: Phone #: Fax #:
Diagnosis for PET/CT fusion scan:

PET/CT Fusion Scan

- Whole body PET/CT Brain PET/CT Cardiac PET/CT - Viability

When ordering for cancer patients, (✓) the appropriate box.

- To establish diagnosis Initial staging Restaging

Would you like Radiation Therapy Data? (Please complete ONLY if patient is scheduled for Radiation Therapy) Y/N

CT Scan (Diagnostic)

Complete ONLY if ordering separate diagnostic CT

- Chest Abdomen Pelvis Oral Contrast (IV Contrast not offered)

Medical History

- Insulin dependent diabetic? Y / N
Was major surgery performed within the last 4 weeks?* Type:
Was radiation therapy administered within the last 4 weeks?* Location:

*If yes, PET/CT fusion scan should be scheduled at least 4 weeks from completion of radiation therapy or surgery.

Signature of ordering physician:

Please sign and send/fax this form or send signed prescription.

Questions? Call 954-981-6668 to speak to a physician.

