



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

Alzheimer's / Dementia Referral Form

Patient's Name: Social Security #:

Patient's Date of Birth: Sex:

Caregiver's Name: Relationship:

Caregiver's Phone Number: Patient's Phone Number:

Alternate Phone Number: Patient's Height: Weight:

Reason for Scan / Clinical Question:

Symptoms of Cognitive Impairment:

Date of Onset of Symptoms: MMSE (or similar) Test Score:

Date of (AAN Defined) comprehensive clinical evaluation: (copy of report must be included)

Date(s) of MRI and/or CT: (copy of report(s) must be included)

Has patient had a previous PET and/or SPECT study for this condition:

Referring Physician: Medical Specialty:

Physician's Address:

Physician's Phone Number: Physician's Fax Number:

Results: Call Stat Report Phone Report Fax Report (Written Report to follow by mail.)

PET is approved by the Centers for Medicare & Medicaid Services (CMS) for patients who meet diagnostic criteria for both Alzheimer's disease and fronto-temporal dementia, who have been evaluated for specific alternate neurodegenerative diseases or causative factors, and for whom the cause of the clinical symptoms remains uncertain.

To comply with CMS regulations our office must obtain each of the following documents prior to testing:

- 1. Reports from any neurophysical testing performed
2. Results of Structural Imaging (MRI or CT)
3. Relevant laboratory test results (B12, thyroid hormone)
4. List of prescribed medications

Referring Physician's Signature: Date: