

Hollywood
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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

Patient's Last Name: _____ First Name: _____

Date of Birth: _____ Social Security #: _____

Home Phone: () _____ Add'l Phone: () _____

Indication: _____

- Skull base to mid-thigh PET/CT (CPT CODE 78815)
- Brain PET/CT - (CPT CODE 78608 Metabolic)
- Cardiac PET/CT - (CPT CODE 78459 Viability)
- Whole Body PET/CT - (Myeloma, or based on appropriate indication may require lower legs and/or upper skull) (CPT CODE 78816)
- Bone PET/CT - (*Bone Imaging Only*)

Please check (✓) the appropriate box.

To establish diagnosis Initial staging Restaging

Would you like Radiation Therapy Data? Yes No

(Please complete ONLY if patient is scheduled for Radiation Therapy)

Referring Physician: _____

Phone #: _____ Fax #: _____

Physician Signature : _____ Date: _____



CPT Code Guidelines

For Brain Imaging,
metabolic evaluation use:
(CPT CODE 78608)

For adding above
and/or below use:
(CPT CODE 78816)

For Skull base to
mid-thigh PET/CT use:
(CPT CODE 78815)

For adding above
and/or below use:
(CPT CODE 78816)

***To order more of these forms,
please call:***



In Hollywood: 954-981-6668

In Pembroke Pines: 954-450-2202

