



PET/CT Requisition Form (Fields in bold are required)

Date: _____

MRN/ACCESSION* #: _____

Last Name: _____

First Name: _____

Date of Birth: _____ Female Male

Social Security #: _____

Primary Phone: _____

Add'l Phone: _____

Ordering Physician: _____

Copy To: _____

Physician Phone: _____

Physician Fax: _____

Physician Email: _____

Office Email: _____

INDICATION / ICD-10 Code: _____

IS THE PATIENT DIABETIC (Circle One): **YES** **NO** **HEIGHT** _____ **WEIGHT** _____

PET/CT STUDY REQUESTED (Check one and select staging)

BREAST CA
 Staging Restaging

CERVICAL CA
 Staging Restaging

COLORECTAL CA
 Staging Restaging

ENDOMETRIAL CA
 Staging Restaging

ESOPHOGEAL CA
 Staging Restaging

GASTROINTESTINAL CA
 Staging Restaging

HEAD & NECK CA
 Staging Restaging

KIDNEY CA
 Staging Restaging

SOLITARY PULMONARY NODULE
 Establish

LUNG CA
 Staging Restaging

LYMPHADENOPATHY
 Establish

LYMPHOMA
 Staging Restaging

MELANOMA
 Staging Restaging

Location: _____

MULTIPLE MYELOMA
 Staging Restaging

OVARIAN CA
 Restaging

PANCREAS CA
 Staging Restaging

SARCOMA
 Staging Restaging

THYROID CA
 Staging Restaging

UTERINE CA
 Staging Restaging

UNKNOWN PRIMARY
 Staging Restaging

OTHER _____

BRAIN IMAGING
FDG PET/CT

Dementia
 Seizure
 Oncology
 Staging Restaging

Amyvid PET/CT

Alzheimer's Disease

CARDIAC IMAGING
 Myocardial Viability
 Sarcoidosis

PROSTATE IMAGING
using FDG
 Staging Restaging
 Axumin (Fluciclovine FACBC F-18 scan for Biochemical
Recurrence of Prostate CA)
PSA: _____ DATE: _____

NEUROENDOCRINE IMAGING
using NETSPOT/Ga-68 DOTATATE
 Staging Restaging

Would you like Radiation Therapy Data?
(Check ONLY if patient is scheduled for Radiation Therapy)

Comments: _____

FAILURE TO FULLY COMPLETE THIS FORM MAY RESULT IN THE DELAY OF SCHEDULING AN APPOINTMENT

PREPARED BY: _____ **DATE:** _____

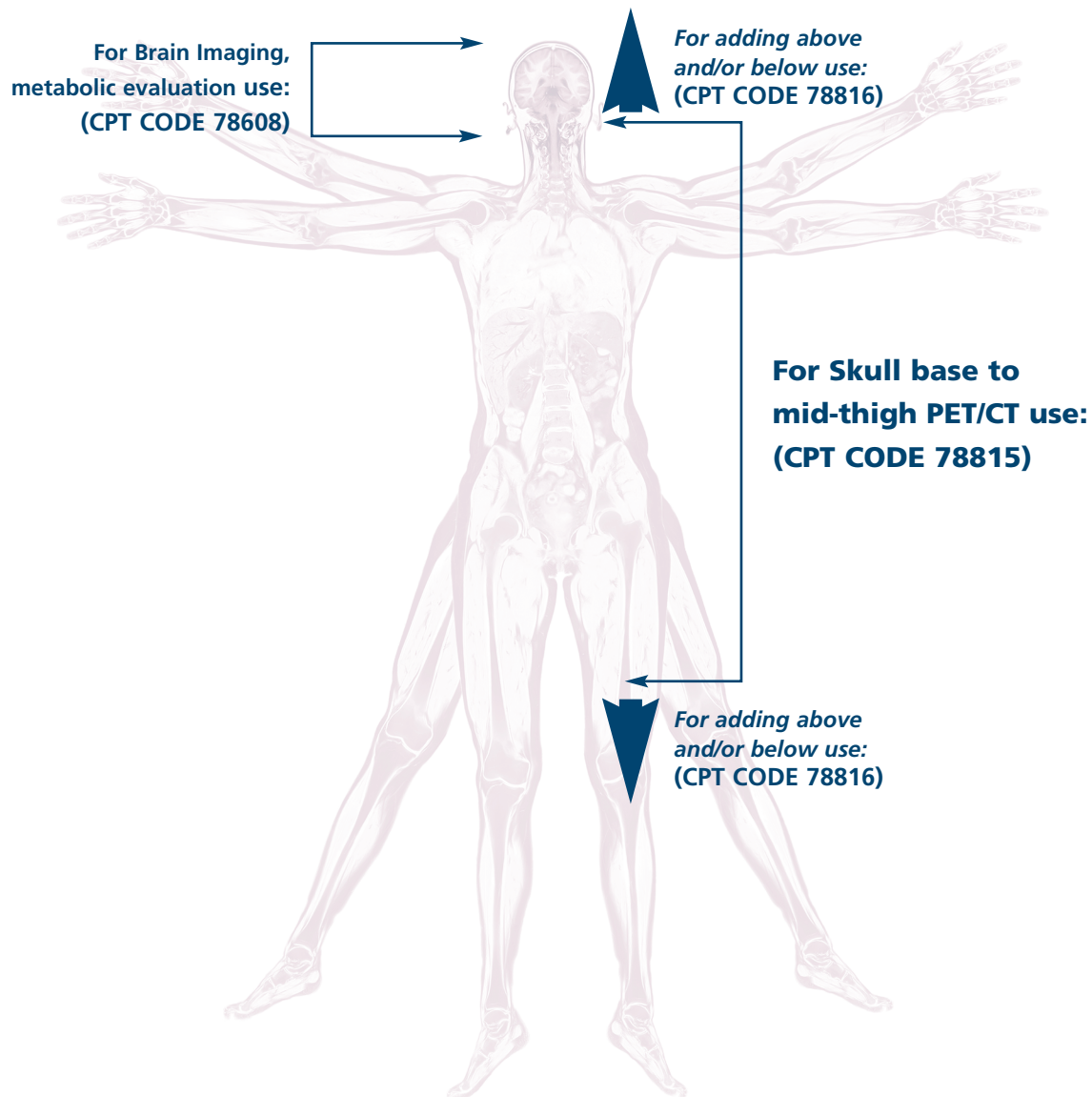
PHYSICIAN SIGNATURE (required): _____

Please sign and send/fax this form or a signed prescription. Thank you!

PET/CT Scan Preparation

1. Do NOT eat or drink for 4 hours prior to your scan, with the exception of water. (Cardiac PET Patients can eat a light meal 4 hours prior.) If you are a diabetic, please call the Center for instructions at 954-981-6668.
2. If your appointment is in the afternoon, you may eat a light meal 4 hours prior to your appointment time.
3. Please bring your most recent PET Scan, CT Scan, MRI, Bone Scan Films and/or Biopsy Reports and any other recent studies that might be helpful. Any films that you brought with you will be returned to you as soon as possible.
4. If you are unable to keep your appointment, please notify us as soon as possible.
5. Please dress in warm comfortable clothing.
6. You will be asked to remain on the scan table for approximately 30 minutes. If you feel this may be a problem, please feel free to contact us.
7. Please allow approximately two hours to complete the study. Results are usually available to your referring physician within 24 hours.
8. On the day of your exam, we ask that you take your medications with water only.

CPT Code Guidelines



To order more of these forms,
please call:



Fort Lauderdale • Hollywood • Pembroke Pines

954-981-6668