



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

Date: _____

Last Name: _____

First Name: _____

Date of Birth: _____ Female Male

Patient Phone: _____

Ordering Physician: _____

Copy To: _____

Physician Phone: _____

Physician Fax: _____

Physician Email: _____

INDICATION / ICD-10 Code: _____

IS THE PATIENT DIABETIC (Circle One): YES NO

PET/CT STUDY REQUESTED (Check One)

BREAST CA

- Staging Restaging

CERVICAL CA

- Staging Restaging

COLORECTAL CA

- Staging Restaging

ENDOMETRIAL CA

- Staging Restaging

ESOPHAGEAL CA

- Staging Restaging

GASTROINTESTINAL CA

- Staging Restaging

HEAD & NECK CA

- Staging Restaging

KIDNEY CA

- Staging Restaging

LUNG CA

- Establish / Solitary Pulmonary Nodule
 Staging
 Restaging

OTHER _____

LYMPHOMA

- Establish Diagnosis /
Lymphadenopathy

- Staging

- Restaging

MELANOMA

- Staging Restaging

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

PROSTATE CANCER

- Pylarify (PSMA) PET Scan**

- Axumin PET Scan

- FDG PET Scan

NEUROENDOCRINE CA

- NETSPOT/Ga-68 DOTATATE

- FDG Staging

- FDG Restaging

BRAIN IMAGING

FDG

- Alzheimer's Dementia

- Seizure

- Oncology Staging

- Oncology Restaging

Amyvid

- Alzheimer's Dementia

CARDIAC IMAGING

- Sarcoidosis

- Myocardial Viability

RADIATION THERAPY:

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

Comments: _____

PREPARED BY: _____

PHYSICIAN SIGNATURE (required): _____ **DATE:** _____

FOR PSMA PET SCAN ORDERS PLEASE USE PSMA FAX HOTLINE: (954) 607-6757 OR EMAIL: PSMA@PIISF.COM

This form may also be downloaded and printed at: https://www.petimagingflorida.com/req_form/