



PET/CT

Imaging Request Form

3195 Folsom Boulevard - Sacramento, CA 95816-5233
Phone: 916-737-3211 or 888-738-3211
Fax: 916-737-6203

Ordering Guidelines and Patient Prep Information on Reverse

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Please Call Patient to Schedule

Patient Name: _____
Address: _____
Phone: _____
SS#: _____ - _____ - _____
Insurance: _____
Policy#: _____ Auth#: _____
Referring MD: _____ Contact: _____
Ph: _____ Fax: _____
cc: _____

DOB: _____
Gender: M F
HT: _____ WT: _____
Diabetic Y N
Claustrophobic Y N
Fax: _____

- LOCATION:**
- Midtown Sacramento**
3195 Folsom Blvd., 95816
 - Auburn**
11785 Education St, 94533
 - Grass Valley**
155 Glasson Way, 95945
 - Vallejo**
300 Hospital Drive, 94589
 - Woodland**
1325 Cottonwood St., 95695

APPT DATE/TIME: _____

PET/CT *(Concurrent Diagnostic CT can be requested below)*

- Oncology PET/CT (FDG)
- Prostate Specific PET/CT (Axumin)
- Prone Breast PET/CT
- Neuroendocrine Tumor PET/CT (Ga-68 Dotatate)
- F-18 BONE PET/CT
- BRAIN PET/CT**
 - Metabolism (FDG)
 - Amyloid Plaque for Alzheimer's
- CARDIAC PET/CT**
 - Myocardial Viability
 - Myocardial Perfusion Rest & Stress

DIAGNOSTIC CT *(CT performed at Midtown location only)*

Area of Interest _____ CONTRAST: Without With* With* & Without
*with Contrast - BUN _____ Creatinine _____ Date _____

PATIENT HISTORY

Primary Tumor: _____ Initial TX / Staging Subsequent TX / Re-Staging

MEDICAL NECESSITY STATEMENT: _____

IMAGING TABLE:

- Standard** - curved for patient comfort *(default)*
- Flat** - for radiotherapy planning

For more information visit our website:

www.NorCalScans.org

SIGNATURE of Referring Physician: _____ Date: _____

(Required)