



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

PET/CT

Imaging Request Form

Tax ID# 680244363
Northern California PET Imaging Center

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

Please Call Patient to Schedule

Patient Name: _____

DOB: _____

Address: _____

Gender: M F

HT: _____ WT: _____

Phone: _____

Diabetic Y N

SS#: _____ - _____ - _____

Claustrophobic Y N

Insurance: _____

Policy#: _____ Auth#: _____

Referring MD: _____ Contact: _____

Ph: _____ Fax: _____

cc: _____

Fax: _____

LOCATION:

- Midtown Sacramento**
3195 Folsom Blvd., 95816

- Auburn**
11785 Education St, 94533

- Roseville**
406 Sunrise Ave., 95661

- Vacaville**
1366 Burton Dr, 95687

- _____

APPT DATE/TIME: _____

PET/CT

- Oncology PET/CT (FDG)**
- Prostate Specific PET/CT (Axumin)**
- Breast Specific ER+ PET/CT (Cerriana)**
- Neuroendocrine Tumor PET/CT (Dotatate)**
- Other – Please Specify** _____

- BRAIN PET/CT**
- Metabolism (FDG)**
- Amyloid Plaque for Alzheimer's**

PATIENT HISTORY

Primary Tumor: _____ ICD-10: _____

Initial TX / Staging

Subsequent TX / Re-Staging

MEDICAL NECESSITY STATEMENT: _____

For more information visit our website: www.NorCalScans.org

SIGNATURE of Referring Physician: _____ Date: _____

(Required)

Ordering Guidelines & Patient Prep Information on Reverse