

# ONCOLOGY PET SCAN



815 NW 57th Avenue  
Suite 100  
Miami, Fl. 33126  
Tel: 305-261-0555  
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APPOINTMENT INFORMATION			
Date:	_____		
Time:	_____		
Stat:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Transportation:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

## REFERRAL/PRESCRIPTION SLIP

### PATIENT INFORMATION

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

### PHYSICIAN INFORMATION

Referring Physician Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### PET IMAGING PROCEDURE(S)

**NOTE: PATIENT THAT MAY BE PREGANT CAN NOT UNDER GO A PET IMAGING STUDY**

#### CPT CODE DESCRIPTION

- |                          |       |  |
|--------------------------|-------|--|
| <input type="checkbox"/> | 78811 | PET Limited area (chest, head/neck) with FDG administration      |
| <input type="checkbox"/> | 78812 | PET, Skull base to thigh with FDG administration                 |
| <input type="checkbox"/> | 78813 | PET, whole body with FDG administration                          |
| <input type="checkbox"/> | 78608 | PET, Brain imaging, Metabolic assessment with FDG administration |
| <input type="checkbox"/> | 78813 | PET, Bone Scan with Sodium Fluoride F-18 administration          |

### DIAGNOSIS

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX REFERRAL/PRESCRIPTION SLIP ALONG WITH MEDICAL RECORDS SUPPORTING MEDICAL NECESSITY**