



see **more** clearly

# PET Scan Order Form

Fax completed order with notes and reports to 316.269.1759

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_

Scheduler's Name \_\_\_\_\_ Phone \_\_\_\_\_

## Patient Information

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State, ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

## Medical History

Reason for Exam \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Previous History (cancer, surgeries, etc...) \_\_\_\_\_

Last Surgery (type & date) \_\_\_\_\_

Are You a Diabetic?     Yes     No    Average Blood Sugar \_\_\_\_\_

Currently on Chemo?     Yes     No

## Patient Exams

Any of the following in the past year (mark type and list facility)?

CT \_\_\_\_\_  MRI \_\_\_\_\_  Other \_\_\_\_\_

Please have patient bring copies of the above tests with them to their appointment.

## Physician Order

PET Scan (mark one)

Skull Base to Mid-thigh (routine)

Whole Body (e.g. melanoma)

Cardiac

Brain

Purpose (mark one)

Diagnosing

Staging

Restaging

Written diagnosis and code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_