



# 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
  - Elk Grove**  
9700 W. Taron Dr, 95757
  - Roseville**  
406 Sunrise Ave., 95661

**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

## 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](http://www.NorCalScans.org)

SIGNATURE of Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required)*