

Due to the nature of this exam, your prompt attendance is crucial. If you have any questions, or need to change your appointment, please call our offices at least 24 hours in advance of your appointment. Thank you.

### Patient Information

PLEASE BRING ALL INSURANCE INFORMATION WITH YOU ON THE DAY OF THE EXAM

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PATIENT HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ PATIENT CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

DIAGNOSIS/INDICATION (REQUIRED) \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Scan Requested:

- |  |           |
|--|-----------|
| <input type="checkbox"/> PET/CT BRAIN (FDG) (78608) (A9522)                                  | DX: _____ |
| <input type="checkbox"/> PET/CT SKULL TO MID THIGH (FDG) (78815) (A9522)                     | DX: _____ |
| <input type="checkbox"/> PET/CT WHOLE BODY (FDG) (78816) (A9522)                             | DX: _____ |
| <input type="checkbox"/> PET/CT SKULL TO MID THIGH (ILLUCCIX PSMA) (78815) (A9596 x 5 units) | DX: _____ |
| <input type="checkbox"/> PET/CT SKULL TO MID THIGH (AXUMIN) (78815) (A9588 x 10 units)       | DX: _____ |

**\*\*Please send medical history and prior reports along with order\*\***

Notes: \_\_\_\_\_

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### Patient General Information

- You should expect to be at our offices from one and a half to two hours for PET/CT scanning.
- Please arrive on time to allow for registration and exam preparation.
- Wear comfortable clothing without metal if possible.
- Bring your insurance ID card, authorization and picture ID.



#### DIRECTIONS

*Driving North or South on I-15*

- Exit Valley Parkway
- Head West on W. Valley Parkway
- Right on S. Auto Parkway
- Left on S. Andreasen Drive
- Right on Citracado Parkway

*Driving East on 78*

- Exit Nordahl Road
- Right at Nordahl Road
- Continue on Auto Parkway
- Right on Citracado Parkway