



National|P|E|T|Scan



National |P|E|T| Scan - Broward, L.L.C.

6290 North Federal Highway - Promenade
Fort Lauderdale, Florida 33308
Phone: (954) 332-3000 • Fax: (954) 332-2671

National |P|E|T| Scan - Dade, L.L.C.

7867 North Kendall Drive - Suite 121
Miami, Florida 33156
Phone: (305) 455-3000 • Fax: (305) 455-2065

PATIENT REFERRAL FORM/ORDER FORM

Patient Name: _____ M F Date: ___ / ___ / ___

Date of Birth: ___ / ___ / ___ SSN#: _____ - _____ - _____ Home Ph: _____ Cell Ph: _____

REFERRING PHYSICIAN INFORMATION

Physician Name: _____ Ph: _____ Contact: _____

INSURANCE INFORMATION

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Insurance Authorization Form and/or Authorization Number: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION

Patient Referral / Prescription (this form)

Reports / Records: ___ CT ___ MRI ___ Pathology ___ PET/CT Scan

PET / CT SCAN ORDERS

PET/CT CPT CODES:

78814 PET/CT Tumor Imaging, Partial / Limited Study

78815 PET/CT Tumor Imaging, Skull Base to Mid Thigh

78816 PET/CT Tumor Imaging, Whole Body

78608 PET/CT Scan Brain, Metabolic Evaluation

SODIUM FLUORIDE PET/CT BONE SCAN

78816 PET/CT Whole Body NaF Bone Scan

INDICATION:

Diagnosis Initial Staging Restaging Monitor Course of Therapy

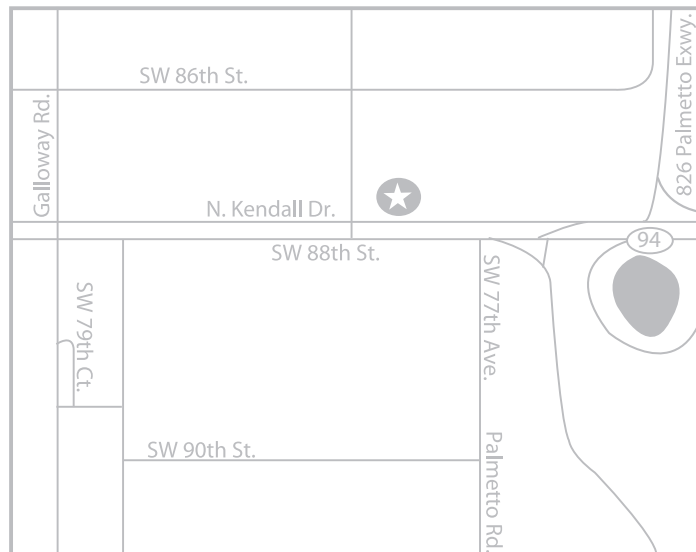
ICD-9 / Diagnosis: _____

Physician Signature: _____ Date: ___ / ___ / ___



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PET DO'S AND DON'TS

1. Bring most recent CT or MRI films and reports.
2. Plan to be at center for approximately 2 hours.
3. Nothing but water to drink - **NO FOOD** for at least five (5) hours before procedure.
4. Diabetics - Call for special instructions.
5. OK to take regular medication except **INSULIN**, with water only.
6. Please tell us if you cannot lie still for 30 to 45 minutes.

IF YOU ARE DIABETIC -

PLEASE CALL 24 HOURS PRIOR TO YOUR APPOINTMENT FOR FURTHER INSTRUCTIONS.