Flagler Health+
IMAGING CENTER

0 Health Park Blvd.
St. Augustine, FL 32086

PET / CT REFERRAL FORM

Scheduling: (904) 819-4701 Fax Orders: (904) 819-4979 Pre-Register: (904) 819-4979

Patient Label

Bring this Order Sheet with you to your Appointment.

If you cannot make your appointment or need to reschedule, please call the scheduling number.

1. Patient Information

Patient Name: _____ MRN: _____

Date of Birth: _____ Male ____ Female ____

Address: _____

Home Phone: _____ Mobile Phone: _____

2. Referring Clinician

Referring Physician: _____ Physician's Signature: _____

Office Phone/Fax: _____ Date: _____ Time: _____

Medical Insurance: _____ Insurance Number: _____ Plan Type: _____

3. Specific Study and Indication

Diagnosis and History: Histology Proven: ☐ Yes ☐ No	Scan Type: FDG PET / CT ☐ Standard Oncology Body (78815) ☐ Total Body Oncology (Melanoma/Myeloma)(78816) ☐ Brain (78608) ☐ Prostate Axumin-WB (78815) ☐ Dotatate (neuroendocrine tumor) (78815) ☐ Naf Bonescan (78816)
Reason for PET / CT: ☐ Diagnosis ☐ Staging (Pre-Treatment) ☐ Restaging After Therapy (Post Treatment) ☐ Monitoring Response ☐ Suspected Recurrence Characterization Pulmonary Nodule Radiation Therapy Treatment Planning ☐ Other: _____	Date Last: Surgery: _____ Chemotherapy: _____ Radiotherapy: _____ G-CSF (If Applicable): _____
Glucose Level: _____ Date: _____	Pregnant/Breast Feeding: ☐ Yes ☐ No LMP Date: _____
Creatinine Level: _____ Date: _____	

4. History	When	Where
Previous PET/CT ☐ Yes ☐ No		
Previous CT/MRI ☐ Yes ☐ No		
Covid Vaccine ☐ Yes ☐ No		☐ Right Arm ☐ Left Arm

ALL RECENT RELEVANT PET/CT/MRI EXAMINATION MUST ACCOMPANY PATIENT ON DISC OR PREFERABLY BE FORWARDED TO FLAGLER IMAGING CENTER PRIOR TO STUDY TO ALLOW PRELOADING INTO PACS.

ICD-10 Code: R91.1 Appointment Date: _____ Time: _____

ORDER