# CANCER SPECIALISTS of NORTH FLORIDA

*Specializing in Cancer and Blood Disorders*

**Scheduling Phone: 904-538-4490 | Scheduling Fax: 904-363-7475**

Patient Name _____ DOB _____ Phone # _____

Referring Physician _____

Insurance Co. _____ Due Date _____

REASON FOR EXAM _____ Dx Code _____

## COMPUTED TOMOGRAPHY (CT)

| | | | |
|---|---|---|---|
| ❑ Brain | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Temporal Bones | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Orbits | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Maxillofacial | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Sinuses | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Neck | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Chest (low dose) | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Chest Super Dimensional | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Chest | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Upper Extremity | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Lower Extremity | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Cervical Spine | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Thoracic Spine | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Lumbar Spine | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Abdomen | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Pelvis | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Abdomen/Pelvis | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Renal Stone Study | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Renal Mass Study | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ IVP/Urogram | ❑ w/ | ❑ w/o | ❑ w/ & w/o |
| ❑ Other _____ | ❑ w/ | ❑ w/o | ❑ w/ & w/o |

## PET/NUCLEAR MEDICINE

- ❑ PET/CT Brain (FDG)
- ❑ PET/CT Skull to Thigh (FDG)
- ❑ PET/CT Full Body (FDG)
- ❑ PET/CT Bone Scan F18 (Sodium Fluoride)

## LOCATIONS

❑ **Mandarin**
10881 San Jose Blvd
Jacksonville, FL 32223

❑ **Beaches**
357 11th Ave South
Jacksonville Beach, FL 32250

❑ **Fleming Island**
1715 Eagle Harbor Parkway
Fleming Island, FL 32003

❑ **Riverside**
2563 Oak Street
Jacksonville, FL 32204

❑ **Southside**
5742 Booth Rd
Jacksonville, FL 32207

❑ **St. Augustine**
9 San Bartola Dr
St. Augustine, FL 32086

Physician Signature _____ Date _____