



Airport Medical Park, Suite 110
1549 Airport Blvd., Pensacola, Florida 32504
Phone (850) 478-6336 Fax (850) 478-6361
www.pensacolapetct.com

Patient Name: _____

Patient Phone Number(s): _____

A reminder call is made the day prior, and we MUST confirm with the patient in order to keep the appointment.

DOB: _____ Diagnosis: _____

Insurance: _____ Authorization: _____

Please attach demographic and insurance information when faxing this order.

Order Date: _____ Exam Date: _____ Exam Time: _____

- Scan type: (Check one) [] 78815 Skull Base to Mid-thigh [] 78816 Whole Body (typically, melanoma) [] 78608 Brain
Drug type: (Check one) [] A9552 FDG Metatrace [] A9586 Florbetapir Amyvid - amyloid plaque [] A9587 Dotatate Netspot - neuroendocrine [] A9588 Fluciclovine Axumin - prostate
[] A9595 Piflufolostat Pylarify - prostate [] A9597 Gozetotide Locametz - prostate

Referring Physician: _____

Referring Physician's Signature: _____

Patient instructions for FDG scans (for all others, the patient should call):

- Nothing by mouth except plain water for 6 hours prior to your exam (no gum, mints or food of any kind)
Limit sugar and carbohydrates 24 hrs prior
Take all of your morning medications with water, but no diabetic medication or insulin 6 hrs prior