



1549 Airport Blvd., Suite 110

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 to keep the appointment.

DOB: _____ Diagnosis: _____

Insurance: _____ Authorization: _____

Please send demographic and insurance information, as well as imaging needed for comparison.

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

Scan type: (Check one) 78815 Skull Base to Mid-thigh 78816 Whole Body (typically, melanoma) 78608 Brain (FDG) 78814 Brain (Amyvid & Neuraceq)

Drug type: (Check one) A9552 FDG Metatrace A9586 Florbetapir Amyvid - amyloid plaque A9587 Dotatate Netspot - neuroendocrine A9588 Fluciclovine Axumin - prostate A9591 Fluoroestradiol Cerianna - breast A9595 Piflufolostat Pylarify - prostate A9596 Gozetotide Illuccix - prostate A9597 Flotufolostat Posluma - prostate A9800 Gozetotide Locametz - prostate Q9983 Florbetaben Neuraceq - amyloid plaque

Referring Physician: _____ Phone & Fax Number: _____

Referring Physician's Signature: _____

Patient instructions for FDG scans:

- 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

Patient instructions for all other scans:

- Please call the clinic