



PET/CT ORDER

Central Scheduling: 352-671-4300 • Fax: 352-732-8010
www.raocala.com • webappointments@raocala.com

PATIENT'S NAME _____ DATE OF BIRTH _____ MALE FEMALE

AUTH#/PRE-CERT#/PRE-NOTIFICATION# _____ PHONE _____

ORDER DATE _____ APPT. DATE/TIME _____

SYMPTOMS/DIAGNOSIS/PERTINENT HISTORY _____

ICD-10 CODE _____

PET/CT OFFERED AT:

Medical Imaging Center at Windsor Oaks - 1901 SE 18th Ave., Bldg. 200, Ocala, Florida 34471

PET/CT

DIAGNOSIS INFORMATION:

Indicate the clinical reason for the PET/CT scan:

Solitary Pulmonary Nodules

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Lung Cancer

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Lymphoma

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Head & Neck

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Thyroid

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Breast Cancer

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Colorectal Cancer

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Prostate

- PET PSMA
- PET Axumin
- Subsequent Treatment Strategy

Patient meets the following criteria:

- Prior hx of prostate ca AND
- Prior prostatectomy and/or radiation therapy AND
- Consecutive rise in PSA.

Esophageal

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Melanoma

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Cervical

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Ovarian

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Myeloma

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Central Nervous System

- Initial Treatment Strategy
- Subsequent Treatment Strategy

Other _____

EMERGENCY PHONE REPORT _____ PHONE # _____ FAX # _____

HOLD PATIENT _____ CLINICIAN SIGNATURE _____ PRINT NAME _____

COPIES TO OTHER CLINICIANS _____

Please FAX or email a signed copy of this form to Central Scheduling at 352-732-8010

PET/CT • 05/2023



PATIENT INFORMATION

For more patient prep information please visit:
www.raocala.com/patient-preps-index

Please bring your **insurance card** and **photo ID**. Co-payment is due at time of service.

24-hour notice is *required* for pick-up of all imaging records (CDs).

If you cannot keep your appointment, prior notice is appreciated.

Please notify the technologist if you are or suspect you are pregnant.

SPECIAL INSTRUCTIONS (PET/CT PATIENT)

- Must be able to lay still for up to 45 minutes. The appointment will last 2-2.5 hours.
- Wear no metal (zippers, snaps, hooks). Athletic wear with an elastic waistband is a good choice.
- Take necessary pain medication before leaving home and bring additional pain medication with you at time of visit
- Claustrophobic patients that need Valium should bring it with them to their appointment and arrive with a driver
- May take any other prescribed medications, as long as they can be tolerated on an empty stomach
- No food for 6 hours prior to study. May drink water, but no other type of liquid is allowed
- Glucose levels will be checked prior to exam
- Insulin dependent patients may bring insulin with them to be administered after their scan
- No physical activity for 48 hours prior to exam

MEDICAL IMAGING CENTER AT WINDSOR OAKS

Enter through Building 200

