



RADIOLOGY ASSOCIATES OF OCALA, P.A.

PET/CT
 Central Scheduling
 671-4300
 Fax 732-8010
 www.raocala.com

Patient's Name _____ Date of Birth _____ Male Female
 Auth#/Pre-cert#/Pre-notification# _____ Phone _____
 Appt. Date/Time _____ Symptoms/Diagnosis/Pertinent History _____
 _____ ICD9 Code _____

PET/CT offered at:

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

PET/CT	DIAGNOSTIC CT (In addition to PET/CT)
DIAGNOSIS INFORMATION:	
Indicate the clinical reason for the PET/CT scan.	
Solitary Pulmonary Nodules Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	Head Neck Chest Abdomen Abdomen & Pelvis Other _____ *Please Note: If a diagnostic CT is needed in addition to the PET/CT, this must be indicated under Diagnostic CT.*
Lung Cancer Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
Lymphoma Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
Head & Neck Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
Thyroid Initial Treatment Strategy Subsequent Treatment Strategy	
Breast Cancer Initial Treatment Strategy Subsequent Treatment Strategy Monitoring Therapy	
Colorectal Cancer Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
Esophageal Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
Melanoma Diagnosis 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 Diagnosis Initial Treatment Strategy Subsequent Treatment Strategy	
NOPR Other _____ _____ _____	

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

Emergency Phone Report _____ Phone Number _____ Fax Number _____
 Hold Patient _____ Clinician Signature _____ Print Name _____
 Copies to other Clinicians _____

Special Instructions (PET/CT Patient)

- Must be able to lay still for up to 90 minutes
- Wear no metal (zippers, snaps, hooks.) Athletic wear with elastic waistband is a good choice.
- Take necessary pain medications before leaving home and bring additional pain medication with you at time of visit
- Claustrophobic patients should take Valium prior to leaving home 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

