



# Advanced Imaging Centers

## PET/CT Exam Request

Medical Park West  
8150 SW SR 200  
Ocala, Florida 34481  
To Schedule:  
Ph: 867-9606, option 2  
Fax: 622-3795

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Clinical Indication / Reason for Exam: \_\_\_\_\_ (must be completed for procedure to be performed)

### PATIENT INSURANCE INFORMATION:

**Directions on reverse side**

Type of insurance: \_\_\_\_\_ Pre-Authorization Required:  Yes or  No

Name of Contact for Pre-Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Auth. #: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> F18-FDG Skull Base - Mid thigh (78815)                     | <input type="checkbox"/> Initial Treatment Strategy    |
| <input type="checkbox"/> F18-FDG Whole Body (78816) (Melanoma/Multiple Myeloma)     | <input type="checkbox"/> Subsequent Treatment Strategy |
| <input type="checkbox"/> F18-NaF Whole Body Bone (78816) (Prostate/Bone/Metastasis) |  |
| <input type="checkbox"/> F18-FDG Metabolic Brain (788608)                           |  |
| <input type="checkbox"/> Amyloid Plaque, Brain Imaging (78608) (Alzheimer's)        |  |

## IMPORTANT PATIENT INSTRUCTIONS

### For all PET/CT Studies

- Arrive at advanced Imaging Centers **15 minutes** prior to scheduled appointment time.
- Plan to be at the center for 2 hours, your scan will take approximately 40 minutes.
- Bring your INSURANCE CARDS.
- Please limit your contact with pregnant women or children under 16 for 24 hours following your study.

### For Fludeoxyglucose (FDG) Studies

- No strenuous activity or exercise for 24 hours prior to your study.
- Nothing to eat or drink except water for 4 hours prior to your appointment.
- We recommend you drink 4 glasses of water during those 4 hours.
- If you are known to have **diabetes**, please call us at (352) 854-2020 for special instructions.

For NaF and Amyloid Plaque Imaging Studies: There are no restrictions.

### Cancelation Policy

- Due to the special timing of your PET/CT Scan please call by 4pm the day before should you need to cancel your appointment.

### REFERRING PHYSICIAN SIGNATURE: (REQUIRED)

Physician Name Printed: \_\_\_\_\_

Your PET/CT scan appointment is on: \_\_\_\_\_  
Date Time



# Advanced Imaging Centers Medical Park West PET/CT

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ : \_\_\_\_ am pm

## **Ocala Medical Park West**

8150 SW State Road 200, Unit 200  
Ocala, Florida 34481



IF YOU HAVE QUESTIONS ABOUT  
YOUR EXAM PLEASE CALL  
352-854-2020



To schedule an  
appointment, call  
352-867-9606