



Advanced Imaging Centers

PET/CT Exam Request

Medical Park West
8150 SW SR 200
Ocala, Florida 34481
To Schedule:
Ph: 352-867-9606
Fax: 844-212-9295

STAT (Please include backline and/or mobile number): _____

Patient's Name: _____ Phone: _____

Date of Birth: _____ Authorization #: _____

Diagnosis: _____ ICD 10 Code: _____

Directions on Reverse Side

PET/CT

- | | |
|--|--------------------------------------|
| F18-FDG Skull Base - Mid thigh (78815) | Initial Treatment Strategy/Diagnosis |
| F18-FDG Whole Body (78816) (Melanoma/Multiple Myeloma) | Subsequent Treatment Strategy |
| F18-NaF Whole Body Bone (78816) (Prostate/Bone/Metastasis) | |
| F18-FDG Metabolic Brain (78608) | |
| Amyloid Plaque, Brain Imaging (78814) (Alzheimer's) | |

IMPORTANT PATIENT INSTRUCTIONS

- Arrive at Advanced Imaging Centers **15 minutes** prior to your scheduled appointment time.
- Plan to be at the center for 2 hours. Your scan will take approximately 40 minutes.
- Bring your **INSURANCE CARDS & PHOTO ID**.
- Please limit your contact with pregnant women or children under 16 for 24 hours following your study.
- It is recommended you drink four (4) 8oz glasses of water prior to your appointment. You do not need to hold your bladder.

Cancellation 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.

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.
- It is recommended you drink four (4) 8oz glasses of water prior to your appointment. You do not need to hold your bladder.
- If you have **diabetes**, please call us at (352) 854-2020 for special instructions.

Please FAX a signed copy of this form to Centralized Scheduling at 844-212-9295

Phone Number: _____ Fax Number: _____

Signature of Referring Physician: _____ Printed Name: _____

Copies to other MD's: _____ Date: _____

STAT (please include backline and/or mobile number): _____



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