

PLEASE FAX: ORDER FORM ♦ COPIES OF APPLICABLE REPORTS ♦ INSURANCE CARD(S)

REPORTS INCLUDE: Previous/Recent: Cytopathology / Surgical Pathology / CT / MRI / Nuclear Report / PET Scan
Recent: History and Physical

Patient Name: _____ SSN: _____
Last First M.I.
 Home Phone: _____ Work Phone: _____ DOB: ____ / ____ / ____ M / F
 Clinical Diagnosis: _____

CLINICAL INDICATIONS - PLEASE CHECK ONE

LUNG CANCER

- Whole Body - Diagnosis G0210
- Whole Body - Initial Staging G0211
- Whole Body - Restaging G0212

LYMPHOMA

- Whole Body - Diagnosis G0220
- Whole Body - Initial Staging G0221
- Whole Body - Restaging G0222

COLORECTAL CANCER

- Whole Body - Diagnosis G0213
- Whole Body - Initial Staging G0214
- Whole Body - Restaging G0215

HEAD & NECK CANCER

- Whole Body - Diagnosis G0223
- Whole Body - Initial Staging G0224
- Whole Body - Restaging G0225

MELANOMA

- Whole Body - Diagnosis G0216
- Whole Body - Initial Staging G0217
- Whole Body - Restaging G0218

ESOPHAGEAL CANCER

- Whole Body - Diagnosis G0226
- Whole Body - Initial Staging G0227
- Whole Body - Restaging G0228

SOLITARY PULMONARY NODULES

- Whole Body or Regional G0125
- Whole Body - Restaging G0296

BRAIN IMAGING

- Brain - Pre-Surgical Evaluation of Refractory Seizures. G0229

BREAST CANCER

- Whole Body - Initial Staging G0253
- Whole Body - Restaging G0254

MYOCARDIAL IMAGING

- Heart - Metabolic Evaluation
- Heart - Muscle Imaging 78459
- Heart - Myocardial Viability (after inconclusive SPECT imaging) G0230

Referring Physician's Signature: _____ Date: _____
(Required by Medicare & Ins. Providers)
 Referring Physician (Printed): _____ UPIN: _____
 Address: _____ Phone: _____ Fax: _____

***** FREE TRANSPORTATION AVAILABLE *****
PLEASE CALL FOR DETAILS