FLORIDA CANCER SPECIALISTS & Research Institute

RADIOLOGY ORDER FORM

(855) 327-6003 • Fax: (855) 314-6973

Patient Name: _____ Date Ordered: _____

Address: _____ DOB: _____ Phone: _____

Male ☐ Female ☐ Insurance Provider: _____ Insurance ID#: _____

Prior Scan Yes ☐ No ☐ *(If patient had prior scan, please attach)*

PLEASE ATTACH COPY OF INSURANCE CARDS AND RECENT OFFICE VISIT NOTE WITH THIS FORM

Requested Date of Exam: _____ ICD-10 Codes: _____

Reason for Exam: _____

PET/CT SCAN: Please select: ☐ Initial Treatment Strategy ☐ Restaging

☐ Skull Base to Mid-Thigh
☐ Whole Body (For Melanoma, Multiple Myeloma, Merkel Cell)
☐ Axumin Skull to Mid-Thigh
☐ Pet Brain- Metabolic FDG
☐ Florbetapir F18 PET Scan (Gladiolus Only)
☐ Detectnet (Cu64) Scan
☐ NAF-18 (Bone) Scan Whole Body
☐ Pylarify - PSMA (Certain Locations)

CT SCAN: All CT scans require a Creatinine and EGFR level within the last 30 days for patients with diabetes and/ or kidney Issues.

Abdomen
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Cervical Spine
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Chest, Abdomen, Pelvis
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Maxillofacial
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Thoracic Spine
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Abdomen Triple Phase
W Pelvis W Contrast
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Abdomen, Pelvis
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Chest
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Lower Extremity
☐ With ☐ W/O ☐ With & W/O
☐ Left ☐ Right ☐ Upper
☐ Lower ☐ Both ☐ Oral Contrast

Neck
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Upper Extremity
☐ With ☐ W/O ☐ With & W/O
☐ Left ☐ Right ☐ Upper
☐ Lower ☐ Both ☐ Oral Contrast

Brain
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Chest, Abdomen
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Lumbar Spine
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Pelvis
☐ With ☐ W/O ☐ With & W/O
Oral Contrast

Abdomen Triple Phase
☐ With & W/O
Oral Contrast

ALLERGY TO IODINE
☐ Yes ☐ No
Allergy Med Given: _____

_____ _____
Referring Physician Name Phone #

_____ _____
Signature Fax #