

Urgency of Request:  STAT  Next Available  In \_\_\_\_\_ Days/Months

**Please fax completed referral from and required documents to Cancer Clinics of North Texas: 469-364-7895**

- Copies of all CT, MRI and nuclear med reports    
  Physician office note pertaining to PET order    
  Pathology report pertaining to PET order    
  Copy of front and back of insurance card    
  Demographics

Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Referring Physician Information:**

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**PET/CT EXAMS**

- 78815 F18 FDG skull-thigh    
  78815 PSMA (Prostate)    
  78608 F18 FDG Brain  
 78816 F18 FDG whole body    
  78815 Dotatate    
  78816 F18 NaF WB Bone Scan  
 78815 F18 Axumin (Fluciclovine)

Treatment Strategy:  Initial  Subsequent

**Diagnostic CT Exam**

- Chest    
  Abdomen    
  Pelvis    
  Soft Tissue Neck    
  Head  
 With Contrast    
 Without Contrast    
 With & Without Contrast

Any patient requiring an IV contrast scan who has high blood pressure, diabetes, or is over the age of 60 will need current (within 30 days of exam date) eGFR and creatinine lab results.

ICD10 Diagnosis Code: \_\_\_\_\_

Diagnosis/Symptoms/Special Instructions: \_\_\_\_\_

Upon request a CD can be  Mailed or  sent with the patient.

**Plano Location:** 6957 W. Plano Parkway, Ste. 1300, Plano, TX 75093

**Dallas Location:** 12606 Greenville Ave. Ste. 185, Dallas TX 75243