



Pasadena – Fair Oaks

625 South Fair Oaks, Suite 180
Pasadena, CA 91105

Scheduling /Facility: (626) 772-HILL (4455)
Scheduling Fax: (626) 445-1124

STAT REPORT (EMERGENCY)

Call report to Dr. _____
Phone Number Required _____

cc: Physician _____

*48 hours notice is required for cancellations or rescheduled appointments to ensure patient is not charged for exam materials.

PET/CT *Please fax order or submit online prior to scheduling exam.*

Patient Name _____ DOB _____
 Patient Identifies as: Female Male Other: _____
 Patient Phone _____ Patient Email _____
 Referring Physician (Print) _____ Physician Phone _____
 Physician Signature _____ Physician Fax _____
 Order Date _____ Exam Date/Time _____

Medicare Patient? No Yes - **If yes AND you are ordering a Brain PET, you MUST fill out page 2 of this form.**

Clinical Indications / Diagnosis
 Must be filled in for exam to be performed:

Special Instructions

EXAM REQUESTED

- PET/CT FDG: Skull base to mid thigh
- PET/CT FDG: Top of the head to mid thigh
- PET/CT FDG: Whole body (top of the head to feet)

- PET Brain FDG: Metabolic Evaluation
- PET Brain AMYLOID: Amyloid Evaluation

- Whole body PET Bone scan with Sodium Fluoride (NaF)

- PSMA PET for Prostate Imaging

- Dotatate PET for Neuroendocrine Imaging Skull base to mid thigh
- Dotatate PET for Neuroendocrine Imaging Top of head to mid thigh
- Dotatate PET for Neuroendocrine Imaging Whole body (top of the head to feet)

CONCURRENTLY PERFORMED DIAGNOSTIC CT

- CT: Neck Chest Abdomen Pelvis
- IV CONTRAST - Select only one.**
- Radiologist's discretion Without OR With
- CT IV Contrast exams require creatinine results within 60 days***
 Age 60+ • Diabetic • Hypertension • History of kidney problems or renal failure
 *Please include lab results if order requires contrast.

EXAM PREPS

For exam prep details, please scan the QR code and follow the link to details online.



PATIENT QUESTIONNAIRE

Pregnant Yes No
 Diabetes* Yes No
 *If diabetic, sugars must be under 200 day of study.
 Surgery within past 3 months Yes No
 Previous MRI PET CT
 Where: _____ When: _____
 Immunotherapy Yes No
 When: _____

Pathology Yes No
 Where: _____ When: _____
 Radiation Therapy Yes No
 Physician: _____ When: _____
 Location on body: _____
 Chemotherapy Yes No
 When: _____
 Hormone Therapy Yes No
 When: _____

If you have special instructions, or if the exam you would like is not specifically listed please call us at (626) 772-4455.

PLEASE SEE PAGE 2 FOR MEDICARE PATIENT DETAIL AND PAGE 3 FOR PROCEDURE PREPARATIONS.