



**Clinical P.E.T.**  
OF LAKE CITY

484 SW Commerce Drive, Suite 145  
Lake City, FL 32025  
Phone: (386) 754-3092  
Fax: (386) 754-6176  
www.clinicalpet.com

**Appointment Info:**

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

Time: \_\_\_\_\_

**Patient Info:**

Patient's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

Any Recent Surgeries/Biopsies: \_\_\_\_\_

**Physician Info:**

Referring Physician: \_\_\_\_\_ Special Instructions (STAT): \_\_\_\_\_

Office Fax \_\_\_\_\_ Phone: \_\_\_\_\_

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

**PET Scan**

**Lung Cancer (non small cell only)**

- Diagnosis
- Initial Staging
- Restaging
- Solitary Pulmonary Nodule

**Colorectal Cancer**

- Diagnosis
- Initial Staging
- Restaging

**Cervical Cancer**

- Diagnosis
- Initial Staging
- Restaging

Alzheimer's Diagnosis

**Lymphoma**

- Diagnosis
- Initial Staging
- Restaging

**Breast Cancer**

- Staging/Recurrence
- Evaluation of Response to treatment

**Head & Neck Cancer**

- Diagnosis
- Initial Staging
- Restaging

**Melanoma**

- Diagnosis
- Initial Staging
- Restaging

**Esophageal Cancer**

- Diagnosis
- Initial Staging
- Restaging

**Thyroid**

- Staging
- Restaging

Myocardial Viability

Refractory Seizures

Other: \_\_\_\_\_ Diagnosis or DX Code: \_\_\_\_\_

**CT Scan**

- Chest
- Abdomen
- Pelvis
- With Contrast
- Brain
- Head & Neck
- Other \_\_\_\_\_
- Without Contrast

Comparison Films: <i>(very important)</i>	Date:	Location:
PET		
CT		
MRI		
OTHER		

**Please Fax Copy to (386) 754-6176  
Thank You**