



**Clinical P.E.T.**  
OF LEESBURG

8525 U.S. Hwy 441  
Leesburg, FL 34748  
www.clinicalpet.com

**Appointment Info:**

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

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

## P.E.T. / CT SCANS

**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/CT Scans**

**1. Type of Cancer (organ):** \_\_\_\_\_

- Diagnosis
- Staging
- Restaging

Check One:

- PET / CT with Contrast
- PET / CT without Contrast

**2. Alzheimer's Diagnosis**

**3. Refractory Seizures**

**4. Parkinsons Diagnosis**

**5. Myocardial Viability**

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

**Please Fax Copy to (352) 314-2698 - Thank You**

**PHONE: 352-314-2945**



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