



Rockledge MRI & PET Imaging Center

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Rockledge, FL 32955
P: (321) 636 6599 F: (321) 636-6614

PET/CT Clinical

Patient Name _____ Patient # _____

Scan Type _____ CPT _____

Diagnosis _____ ICD-9 _____

Referring Physician _____ Phone # _____

Previous surgery on area of scan? YES / NO If yes, what type? _____

Have you ever been diagnosed with cancer? YES / NO Type _____ Year _____

Body Part _____ Treatment SURGERY / RADIATION / CHEMO THERAPY

Clinical History (current symptoms) _____

Time of last beverage / meal _____ Allergies _____

Are you diabetic? YES / NO Glucose Level _____ Time drawn _____

Are you on anemic? YES / NO

PRIOR STUDIES:

Scan Type: _____ Area _____ Facility _____ Date _____

Scan Type: _____ Area _____ Facility _____ Date _____

Scan Type: _____ Area _____ Facility _____ Date _____

Staff Initial _____

Patient's Signature _____

Date _____