



Clinical P.E.T.
OF HERNANDO

4003 Mariner Blvd.
Spring Hill, FL 34609
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) 688-5405 - Thank You
PHONE: 352-688-2505



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