Biomedical Research Foundation of Northwest Louisiana
Positron Emission Tomography (P.E.T.) Imaging Center
Scheduling Phone: 318-675-4042 Fax: 318-675-4020
Toll Free: 1-888-685-1152

INSTRUCTIONS: **P**rint form, complete, and fax completed form along with all data listed at the bottom of form to the fax number above. The patient will be contacted by our Scheduling Coordinator to set up an appointment.

PATIENT NAME: _____
print

PHYSICIAN: _____ _____
print signature

PRIORITY (circle one): ROUTINE ASAP SPECIFIC DATE: _____

SCHEDULE AT (circle one):
PET @ LSU PET @ CHRISTUS SCHUMPERT PET @WILLIS KNIGHTON

M.D. TO READ PET/CT (Please select one): _____BRF Nuclear Radiologist
_____WK Radiologist
_____CS Radiologist

DIAGNOSIS (include histology and date): _____
Site involved at diagnosis: _____
Stage at diagnosis (AJCC or FIGO, TNM best): _____

SURGERY (include type and date): _____
_____

RADIATION THERAPY (include inclusive dates):_____
_____

CHEMOTHERAPY (with inclusive dates, including completion date of most recent course):
_____

REASON FOR SCAN (DESIRED INFORMATION): _____
_____
_____

In order to provide you with the maximum possible information from your patient's PET or PET/CT scan, it is critically important that the clinical data on this form be available to the physician at the time of the study. It should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g. tumor marker levels), as well as results of recent biopsy or surgical pathology. ***Patients will not be scheduled without the information on this form being complete and signed by the referring physician (required by Medicare).***

Person faxing information: _____ **Phone #** _____