

Providers: Please fill out this form and fax it to (866) 433-3965 before giving a copy to the patient.

Brain SPECT Imaging (CPT Code 78607)

Single Photon Emission Computed Tomography

Patient Medical History (Please Check All That Apply):

- Traumatic Brain Injury *S06.2X0A* or with LOC *S06.2X9A*
- ADD-ADHD *F90.9* Mild Cognitive Impairment
- Alzheimer's disease *G30.9* *G31.84* Parkinsonian *G20*
- Anxiety Disorder *F41.9* PTSD *F43.10*
- Ataxia *I69.393* Seizure *F40.89*
- Bipolar Disorder *F31.9* Stroke *G46.4*
- Depression *F32.9* Toxic Encephalopathy *G92*
- Other _____

Patient Height: _____

Patient Weight: _____

Patient Information:

Name: _____ DOB: _____

Male Female Home Phone #: _____ Alternate Phone #: _____

Parent/Guardian (if patient is a minor): _____

Ordering Provider:

Name: _____ NPI #: _____

Credential #: _____ Specialty: _____ Fax #: _____

Email: _____ Phone #: _____

**For complimentary physician review of images, please provide direct email and phone number*

Address: _____

How would you like to receive the patient's scan results? Email Fax Mail (Hard Copy)

Signature: _____ Date: _____

Clinic Locations

COLORADO (Headquarters)

CereScan Corporation
991 Southpark Drive, Suite 200
Littleton, Colorado 80120

ALABAMA

Helen Keller Imaging Center
101 W. Saywell Street
Sheffield, Alabama 35660

CALIFORNIA

Imaging Healthcare Specialists
477 N. El Camino Real
Encinitas, California 92024

TEXAS

Envision Imaging
4601 Matlock Road
Arlington, Texas 76018

FLORIDA

Nuclear Medicine of Naples
599 9th Street N, Suite 211
Naples, Florida 34202

ILLINOIS

Northwest Community Healthcare
880 West Central Road, Suite 4100
Arlington Heights, Illinois 60005

LOUISIANA

Diagnostic Imaging Centers
4241 Veterans Memorial Blvd., Suite 100
Metairie, Louisiana 70006

TEXAS

Excel Diagnostics
9701 Richmond Avenue, Suite 122
Houston, Texas 77042

To Make Appointments, please call: (866) 722 - 4806