

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

Brain Imaging:

- Brain SPECT (78607) With CT (78607/70450) Brain PET/CT (78608)
 DATscan SPECT (78607) qEEG Brain (95816)

Patient Medical History (Please Check All That Apply):

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

PET/CT Body Imaging (Please attach pertinent patient medical history):

- Bone Scan (78816) Limited Area (78814) Skull to Thigh (78815) Whole Body (78816)

History & Diagnosis: _____

General Nuclear Medicine (Please attach pertinent patient medical history):

- Bone/Joint Limited (78300) Bone/SPECT (78320) Bone/Joint Whole Body (78306)
 Bone/Joint Multiple (78305) Bone/Joint 3 Phase: (78315) HIDA Scan (78227)

History & Diagnosis: _____

Patient Information:

Name: _____ DOB: _____

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

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

Height: _____ Weight: _____

Ordering Provider:

Name: _____ NPI #: _____

License #: _____ 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 schedule an appointment, please call: (866) 722 - 4806