

PROVIDERS: Please fill out this form and fax it to (833) 299-2501 before giving a copy to the patient.

BRAIN IMAGING:

EXAM:

- Brain SPECT (78607)

INDICATION (Check all that apply):

- ADD-ADHD (F90.9)
 Alzheimer's disease (G30.9)
 Anxiety Disorder (F41.9)
 Ataxia (R27.0)
 Bipolar Disorder (F31.9)
 Depression (F32.9)
 Mild Cognitive Impairment (G31.84)
 Toxic Encephalopathy (G92)
 TBI (S06.2X0A)
 TBI with LOC (S06.2X9A)
 PTSD (F43.10)
 Seizure (G40.89)
 Stroke
 Other: _____

HISTORY / MEDICAL NECESSITY:

IMAGING LOCATION:

- AL – Sheffield
 AZ – Scottsdale
 AZ – Tucson
 CA – Encinitas (San Diego)
 CA – Laguna Hills (Los Angeles)
 CA – San Francisco
 CO – Littleton (Denver)
 FL – Ocoee (Orlando)
 FL – Naples
 FL – Tampa
 IL – Arlington Heights (Chicago)
 LA – Metairie (New Orleans)
 NY – Monroe
 TX – Dallas-Fort Worth
 TX – El Paso
 TX – Houston

PATIENT INFORMATION:

Name

Date of Birth

Female/Male

Home Phone #

Alternate Phone #

Parent/Guardian (if patient is a minor)

Height

Weight

Email

How would the patient like to receive their scan results?

- EMAIL FAX MAIL (hard copy)

ORDERING PROVIDER:

Name

NPI

Clinic Name

Specialty

Phone #

Fax #

Email

Address

Address 2

City

ST

Zip

How would you like to receive the patient's scan results?

- EMAIL FAX MAIL (hard copy)

Signature

Date