



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 (78803)

INDICATION (Check all that apply):

- Alzheimer's disease
- Parkinsonian
- Ataxia
- Toxic Encephalopathy
- Encephalopathic Process
- Anoxic/Hypoxic Process
- TBI
- TBI with LOC
- Mild Cognitive Impairment
- Stroke
- Seizure
- Migraine
- Headache
- ADD-ADHD
- Anxiety Disorder
- Bipolar Disorder
- Depression
- OCD
- PTSD
- Other (list all that apply):

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

FEIN / TIN

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