



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)
- DaTscan 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):

GENERAL NUCLEAR MEDICINE:

EXAM:

- Whole Body Bone Scan (78306)
- 3 Phase Bone Scan (78315)
- Limited Bone Scan (78300)
- SPECT Bone Scan (78320)

HISTORY / MEDICAL NECESSITY:

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?		
<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> 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?		
<input type="checkbox"/> EMAIL	<input type="checkbox"/> FAX	<input type="checkbox"/> MAIL (hard copy)

Signature Date