Fax Orders To: (850) 640-0761 PET CT R5 061825

HOPE REGIONAL CANCER CENTER

HOPE IMAGING CENTER

PET/CT and/or Consult Referral Form

Hasan Murshed, M.D.
Diplomate, American Board of Radiology

Date _____ **Tax ID 46-2439971 NPI 1023447935 Place of Service 11 (office)**

PATIENT LAST NAME **(REQUIRED)**, FIRST NAME **(REQUIRED)**	HEIGHT **(REQUIRED)**	WEIGHT **(REQUIRED)** lbs
DATE OF BIRTH **(REQUIRED)**	PATIENT DAYTIME PHONE	OTHER PHONE
ORDERING CLINICIAN **(REQUIRED)**	CLINICIAN SIGNATURE **(REQUIRED – NO STAMPS)**	
OFFICE PHONE NUMBER	ORDERING CLINICIAN'S NPI	
ORDERING CLINICIAN'S FAX NUMBER (WHERE REPORT SHOULD BE SENT)	SEND ADDITIONAL COPIES OF REPORT TO (Name and Fax#)	
INSURANCE	INSURANCE ID #	

PLEASE SELECT CONSULT SERVICE and or PET/CT

_____ Consult with Dr. Murshed _____ **PET/CT**

_____Skull Base to Thigh Oncology General (routine) 78815, A9552

_____Whole Body Oncology General (e.g. Melanoma) 78816, A9552

_____ PSMA 78815, A9596 (05 units) (Prostate Cancer)

DIAGNOSES (include insurance approved diagnosis codes)

1) _____ 2) _____

PLEASE FAX ALL APPLICABLE DOCUMENTS with this order sheet

1) Patient demographic information
2) Prior authorization (obtained from ordering physician's office for HMO plans and UHC)
3) Prior imaging related to current diagnosis
4) Prior pathology related to current diagnosis
5) Labs – PSA Level for PSMA