

PATIENT NAME:		DOB:	
PHONE: (DAY)		(CELL)	
CLINICAL HX/DX:		AUTHORIZATION #:	
PRIMARY INS.		INS. ID #:	
PHYSICIAN NAME: (Print)		PHYSICIAN SIGNATURE:	
PHYSICIAN PHONE:		FAX:	



Hablamos Español
Central Scheduling

SUNRADIOLOGY
THE LEADER IN MOLECULAR IMAGING
"DETECTING DISEASES EARLIER AT A MOLECULAR LEVEL"

DATE _____

Ph: 623-815-8200 • Fax 623-815-8299

STAT FAX: STAT CALL:
TO #:

ONCOLOGICAL MOLECULAR IMAGING

PET/CT GLUCOSE
 PET/CT OPEN - Short Bore (Claustrophobic)

NOPR (MEDICARE)

CANCER DIAGNOSIS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Lung Nodule | <input type="checkbox"/> Gastric | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Breast Female & Male | <input type="checkbox"/> Small Bowel | <input type="checkbox"/> Soft Tissue Sarcoma |
| <input type="checkbox"/> Colorectal | <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Gall Bladder |
| <input type="checkbox"/> Esophageal | <input type="checkbox"/> Hepatobiliary | |
| <input type="checkbox"/> Head and Neck | <input type="checkbox"/> Mesothelioma | |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Multiple Myeloma | |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Plasmacytoma | |
| <input type="checkbox"/> Melanoma (Whole Body) | <input type="checkbox"/> Prostate, Testicular, Genitalia | |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Salivary Glands-Parotid | |
| <input type="checkbox"/> Cervical | <input type="checkbox"/> Skin-Desmoid Sarcoma, Basal Cell | |
| <input type="checkbox"/> Ovarian | <input type="checkbox"/> Skin Squamous, Merkel Cell | |
| | <input type="checkbox"/> Bone Cancer | |
| | <input type="checkbox"/> Thymoma | |
| | <input type="checkbox"/> Pheochromocytoma | |
| | <input type="checkbox"/> Renal Cell, Bladder | |

COMPLEX DIAGNOSIS:

- Neuroendocrine Tumor
- Adrenal Mass
- Occult Primary
- Paraneoplastic Syndrome
- Brain Tumor vs Radiation Necrosis
- Brain - Enhancing Mass
- Metastasis unknown primary
- Liver Mass
- Hepatocellular
- Fever of Unknown Origin (FUO)
- ANY abnormal imaging exam

DIAGNOSTIC CT

- Neck Chest Abdomen Pelvis w/ Contrast
- Neck w/ Contrast
- Chest w/ Contrast
- Abdomen / Pelvis w/ Contrast

Other Diagnostic Procedure

PET/CT FLUORIDE
 PET/CT OPEN - Short Bore (Claustrophobic)

NOPR (MEDICARE)

BONE METASTASIS:

- | | |
|--|---|
| <input type="checkbox"/> Prostate Cancer | <input type="checkbox"/> Cervical |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Colorectal Cancer | <input type="checkbox"/> MRI - Abnormal Bone Marrow |
| <input type="checkbox"/> Head and Neck | <input type="checkbox"/> CT - Sclerotic or Lytic Lesion |
| <input type="checkbox"/> Esophageal Cancer | |
| <input type="checkbox"/> Lung Cancer | |
| <input type="checkbox"/> Lymphoma | |
| <input type="checkbox"/> Melanoma | |
| <input type="checkbox"/> Thyroid | |

OTHER INDICATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Xray - Sclerotic or Lytic Lesion | <input type="checkbox"/> Page't's |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Malignant vs Benign Bone Tumor |
| <input type="checkbox"/> Active Arthritic Lesion for Pain Injection | <input type="checkbox"/> Chondral Leisions |
| <input type="checkbox"/> Inflammatory Arthritides | <input type="checkbox"/> Bone Graft Viability |
| <input type="checkbox"/> Suspected Child Abuse | <input type="checkbox"/> Prosthetic Joint Failure |
| <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Post-Op Spine |
| <input type="checkbox"/> Occult Fracture | <input type="checkbox"/> RSD - Reflex Sympathetic Dystrophy |
| <input type="checkbox"/> AVN - Avascular Necrosis | <input type="checkbox"/> Pediatric back pain "Pars Fracture" |
| <input type="checkbox"/> Metabolic Bone Disease | <input type="checkbox"/> Compression Fracture - Benign vs Malignant |

NEUROLOGICAL MOLECULAR IMAGING

SUN ALZHEIMER'S INSTITUTE MEMORY DIAGNOSTIC CENTER

PET/CT BRAIN GLUCOSE / AMYLOID

- PET/CT MRI Brain w/ Contrast / FDG / Amyloid
(CT w/ Contrast if MRI contraindicated)

SUN MOVEMENT DISORDER CENTER

- DaTScan MRI Brain w/ Contrast / (Parkison's Disease Scan)
(CT w/ Contrast if MRI contraindicated)

CARDIAC MOLECULAR IMAGING

PET/CT CARDIAC with CALCIUM SCORE (CT)

- SPECT Myocardial Prefusion Imaging w/ Calcium Score (CT)
- Coronary Angiography (CCTA)
- Calcium Score (CT)