



# TAMPA (VYMED)



For Scheduling: (813) 264-7176 • Fax: (813) 264-7161

Patient Name: \_\_\_\_\_

Diagnostic/Clinical History: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

DOB: \_\_\_\_\_

Comparison Requested:  YES  NO

Referring Physician: \_\_\_\_\_

If YES: Date of Scan: \_\_\_\_\_ Location: \_\_\_\_\_

Authorization #: \_\_\_\_\_

Transportation Requested:  YES  NO

## PET/CT

- Standard PET/CT (skull base to mid thighs)
- Whole Body PET/CT (including legs)
- Limited PET/CT \_\_\_\_\_
- Other (please specify area): \_\_\_\_\_

## <sup>18</sup>NaF Bone Scan

- <sup>18</sup>NaF Sodium Fluoride Bone Scan
- Please Specify Indication: \_\_\_\_\_

**PET/CT - PREP INSTRUCTIONS:  
NOTHING TO EAT OR DRINK 4 HOURS PRIOR TO SCAN**

**Physician Signature Required**  
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