STOCKTON HEMATOLOGY ONCOLOGY MEDICAL GROUP, INC.
2626 N. California St Suite H, Stockton CA 95204

SHOMG PET/CT ORDER FORM

Phone (209)292-8542 Fax (209)932-9298

PATIENT NAME: _____ DOB: _____

HT: _____in. WT: _____lbs. Diagnosis Code:_____

DIAGNOSIS

□	Solitary Lung Nodule	□	Brain Mets 2nd to primary diagnosis
□	Brain Tumor (dedicated brain must have MRI prior)	□	Thyroid
□	Cervical Cancer	□	Colorectal Cancer
□	Breast Cancer	□	Lymphoma
□	Esophageal Cancer	□	Lymphoma-cutaneous and/or bone (whole body scan)
□	Lung Cancer (Non-Small Cell)	□	Head and Neck Cancers
□	Lung Cancer (small cell)	□	Pancreatic Cancer
□	Ovarian Cancer	□	Melanoma (whole body scan)
□	Testicular Cancer	□	Soft Tissue Sarcomas

□ Other Indications_____

_____

Please check one of the following: Include on request for authorization:

□ 78815 Skull base to mid-thigh □ 78816 Whole Body Scan □ 78609 Dedicated Brain Scan

Please check one of the following: Include on request for authorization:

□ A9552 (F-18 FDG Dose) quantity 1 units □ A9588 Axumin (prostate specific) quantity 10 units

Please check one of the following:

□ Initial treatment Strategy
(Formerly "diagnosis" & "Staging")

□ Subsequent Treatment Strategy
(Formerly "restaging" & "monitoring response to TRT)

Referring physician Signature_____ Date_____

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