HONOLULU IMAGING CENTER

IMAGING REQUEST

PET/CT • Diagnostic CT

1401 S. Beretania Street, Suite 107
Honolulu, HI 96814
Phone: (808) 591-1504 Fax: (808) 591-1506

APPOINTMENT

Date __ __ / __ __ / __ __ ❑ Please schedule patient

Time __ __ : __ __ ❑ AM ❑ PM ❑ Patient claustrophobic

❑ Patient unable to drive (Reason) ____________________

Patient

Patient Name: ______________________ ❑ Male ❑ Female Birth Date __ __ / __ __ / __ __ Weight/Height ____________

Phone: ____________________ Previous studies: ❑ Yes ❑ No Facility: ______________________

Insurance: ______________________ HAII to Initiate Authorization? ❑ Yes ❑ No

Referring Provider

Provider: ______________________ Provider Contact: ______________________

cc Provider: ______________________ cc Provider Contact: ______________________

REPORT: ❑ Routine ❑ STAT Delivery: ❑ Fax ❑ Phone

Physician/Provider Signature: ______________________ **Date:** ______________

Diagnosis / Reason (Please check only ONE diagnosis and ONE reason)

Diagnosis	Reason		
❑ Breast		❑ Staging	❑ Restaging
❑ Colon (rectum, anus)	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Cervical		❑ Staging	❑ Restaging
❑ Esophageal	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Head/Neck (lip, oral cavity, pharynx, nasal cavity, ear, sinuses, larynx)	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Lung Cancer	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Lung abnormalities evaluation (SPN, lung nodules)			
❑ Lymphoma	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Melanoma	❑ For Diagnosis	❑ Staging	❑ Restaging
❑ Thyroid		❑ Staging	❑ Restaging
❑ Differentiate between FTD and Alzheimer's	❑ For Diagnosis		
❑ Dotatate		❑ Staging	❑ Restaging
❑ Other not listed (Please indicate ICD-10) ____________	❑ For Diagnosis	❑ Staging	❑ Restaging

Diagnostic CT ***Note: A Diagnostic CT is a separate study from a PET/CT and is reported separately***

Contrast ❑ Yes ❑ No ❑ **Per Radiologist**

❑ Head / Brain ❑ Neck ❑ Chest ❑ Abdomen ❑ Pelvis

❑ Other ____________ **Additional Notes:** ______________________

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With this form please include:

- **-Demographics**
- **-Most recent imaging pertaining to diagnosis**
- **-Clinical Notes**
- **-Insurance information**
- **-If available any surgical pathology**