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MOLECULAR IMAGING

<p>CARDIAC PET/CT</p> <p><input type="radio"/> Myocardial PET/CT (78431)</p> <p><input type="checkbox"/> With CFR (78434)</p> <p><input type="checkbox"/> With Calcium Score (75571)</p> <p><input type="radio"/> Cardiac PET/CT Viability (78433)</p> <p><input type="checkbox"/> With Calcium Score (75571)</p> <p><input type="radio"/> Sarcoidosis PET/CT</p>	<p>ONCOLOGY PET/CT</p> <p><input type="radio"/> FDG PET/CT</p> <p><input type="checkbox"/> Whole Body (78816)</p> <p><input type="checkbox"/> Skull Base to mid thigh (78815)</p> <p><input type="radio"/> PSMA PET/CT</p>	<p>BRAIN PET/CT</p> <p><input type="radio"/> FDG Brain PET/CT (78806)</p> <p><input type="radio"/> Amyloid Brain PET/CT</p>
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Other: _____

PATIENT INFORMATION

Patient Name: _____ SSN: _____ DOB: _____ Home Tel: _____
Other Phone: _____ Patient Address: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Tel. No: _____ Group No: _____
Policy No: _____ ID No: _____ Claim No: _____ Authorization No: _____

PHYSICIAN INFORMATION

Referring Physician: _____ Telephone: _____
Office Contact: _____ Ext: _____ Fax Results to: _____ Fax No: _____
Diagnosis: _____
Physician Signature: _____ Date: _____

APPOINTMENT INFORMATION

Date: _____ Time: _____
Courtesy Transportation Necessary: YES NO
If (YES), please provide address or location for pick up: _____

CIRA - Miami
2760 SW 97 Avenue Suite B-101
Miami, FL 33165

CIRA - Miami Beach
300 Arthur Godfrey Road Suite # 101
Miami Beach FL 33140

CIRA - Kendall
9408 SW 87th Ave. Suite #104
Miami, FL 33176