Metro Region PET Center

At Woodburn Nuclear Medicine
3289 Woodburn Road, Suite 060
Annandale, VA 22003
Phone: 703-698-5593 • Fax: 703-698-5171

At Chevy Chase
5454 Wisconsin Avenue, Suite 810
Chevy Chase, MD 20815
Phone: 301-652-8001 • Fax: 301-652-8002

PET SCAN REQUISITION FORM

Today's Date: _____

Patient's Name: _____ (Last Name) _____ (First Name) _____ (Middle Initial)

Date of Birth: _____ Sex: ☐ Male ☐ Female

Home Phone Number: _____ Work Phone Number: _____

Referring Physician: _____

Physician's Phone Number: _____ Physician's Fax Number: _____

Type of PET Scan Requested:

☐ Body (neck through pelvis) ☐ Brain ☐ Heart - Viability

Reason for PET Scan:

☐ Diagnosis ☐ Initial Staging ☐ Restaging

Clinical Question: _____

_____

Medical Diagnosis: _____

_____

Signature of Requesting Physician: _____

Please fax requisition form back as soon as possible:

☐ ***At Woodburn Nuclear Medicine***
Fax: 703-698-5171

☐ ***At Chevy Chase***
Fax: 301-652-8002

FOR MRP USE ONLY

Type of PET Scan: ☐ Standard Body ☐ Include Head ☐ Pelvis First ☐ Standard Brain ☐ Standard Cardiac

Special Instructions: _____

_____