PET Facility log-in information (facility ID, password):

1. **PATIENT INFORMATION**

Date: Social Security #:

Last name: First name:

Date of Birth: Patient's Zip Code:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: | * Male
* Female
 | Ethnicity: | * Hispanic
* Not Hispanic
* Unknown
 | Race: | * Asian
* Black or African American
* White or Caucasian
* Other
* Unknown
 |

1. **REFERRING PHYSICIAN INFORMATION**

UPIN #: **or** NPI #:

Last name: First name:

Office Telephone: Office Fax:

1. **HAS THE PRE-PET FORM BEEN COMPLETED?**  🗖 Yes 🗖 No

*(if Yes is checked the PET facility will not be E-mailed a Pre-PET form to complete)*

1. **DATE PATIENT SCHEDULED FOR PET SCAN?**

*(Must be within 14 days of registration.)*

1. **NAME OF PERSON SUBMITTING THIS FORM**

Last name: First name: Date: