

Campbell Office Plaza • 3503 N. Campbell Ave., Suite 155, Tucson AZ, 85719 • Phone (520) 321-4057 • Fax (520) 321-4061  
Toll Free - outside of Tucson 1-877-797-3829

**▶ PATIENT INFORMATION**

Name \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_ ICD-9 Code \_\_\_\_\_

DOB \_\_\_\_\_ Male Female SSN \_\_\_\_\_ Telephone# \_\_\_\_\_

Other History \_\_\_\_\_

**▶ REFERRING PHYSICIAN** (signature required) \_\_\_\_\_ Date: \_\_\_\_\_

(please print name) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

	<u>Yes</u>	<u>No</u>
Has cognitive decline been present for at least 6 months?		
Are criteria for AD or Fronto-temporal dementia met?		
Does the cause of the clinical symptoms remain uncertain?		
Has the patient had a comprehensive clinical evaluation encompassing a medical history, physical and mental status examination aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as MRI or CT?		
Has the evaluation been conducted by a provider experienced in the diagnosis and assessment of dementia, and will FDG-PET be reasonably expected to help clarify the diagnosis and/or help guide future treatment?		
A brain SPECT or FDG-PET scan has not been previously obtained for the same indication?		

**▶ INSURANCE INFORMATION**

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Primary Ins. Phone # \_\_\_\_\_

*(please fax copy of patient's insurance card if possible)*

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Secondary Ins. Phone # \_\_\_\_\_

***Thank You For Referring Your Patient To Southwest PET/CT Institute!***