

PET-CT Whole Body Scan Radiology Order

Patient Information

Patient Name

Gender

Date of Birth

Patient ID / MRN

Contact Number

Referring Physician

Name

Physician ID

Department

Contact Number

Clinical Details / Diagnosis

Scan Requested

e.g., FDG PET-CT Whole Body

Relevant History / Previous Imaging

Special Instructions

Date of Request

Referring Physician Signature

Date & Time