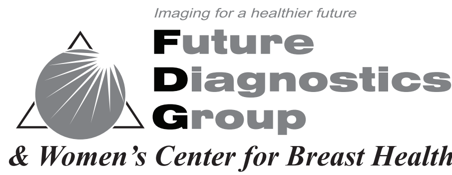
254 Republic Avenue
Joliet, IL 60435

www.futurediagnosticgroup.com



Phone: 815-730-3344
Fax: 815-730-3888

PET Order Form

Patient Name:______________________________ D.O.B.:__________

Primary Ph.:____________________ Cell Ph.:____________________

Primary Insurance:______________________ Ph.:________________

Referring Physician (Print Name): ____________________________

Ph.:____________________ Fax:____________________

Physician Signature:______________________________ Date:__________

EXAM REQUESTED:

❑ Lower Extremities..78814

❑ Skull Base to Mid Thigh 78815

❑ Skull Base to Mid Thigh plus Lower Extremities ..78816

Patient diabetic:

❑ Yes

❑ No

Reason for Exam ____

Diagnosis ____

ICD-9 Code ____

Follow-up Appointment

____

If there should be a problem with the diagnosis our office will contact the referring physician.

You MUST have the most recent films & reports for ALL studies previously performed for you present condition (CT, MRI, Chest X-Ray)

We are referring you to Future Diagnostic Group (FDG), LLC imaging facility to have your ordered scan(s) performed. Please note that we have an indirect financial relationship with this facility. You are under no obligation to have your testing performed at this facility.

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