



Western Maryland Health System  
Department of Imaging Examination Order Form

Centralized Scheduling: (240) 964-8888

Toll Free: (866) 369-1122

Appointment Date:

Appointment Time: AM / PM

Location: Regional Medical Center

(Schwab Cancer Center)

12500 Willowbrook Road Cumberland, MD 21502

PATIENT NAME:

DOB/AGE:

DAYTIME #

**INDICATION FOR PET/CT**

EVENING#

]STAT  ]Routine

**] Please check here if the scan is a F-18 Sodium Fluoride Bone Scan**

Referring Physicians Signature and DATE:

**PET/CT Scan (PET/CT)**

- 78815 PET/CT Skull-base to mid-thigh level
- 78816 PET/CT Whole Body (skull vertex to toes) For Melanoma or other cutaneous malignancy
- 78608 PET/CT: Brain ONLY (metabolic evaluation; e.g. Alzheimer's, dementia)
- 78814 PET/CT: Limited Area (e.g., Chest, head/neck)

Please indicate any special requests, instructions or unique orders you may have:

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