



PET/CT IMAGING

O F B E R K E L E Y

2855 Telegraph Ave., Suite 100, Berkeley, CA 94705

AMERICAN COLLEGE OF RADIOLOGY ACCREDITED PET AND CT FACILITY

Patient Information

Name: _____ DOB: _____ Male/Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone #: _____

Emergency Contact: _____

Relationship: _____ Phone#: _____

Referring Physician: _____ Phone#: _____

Insurance Information

Name of Insured: _____ Relationship to PT: _____

Primary Insurance Name: _____

Policy/ID#: _____ Group#: _____

Secondary Insurance Name: _____ Relationship to PT: _____

Policy/ID#: _____ Group#: _____

Did you bring CT/MRI Film(s) with you to this appointment? YES NO