

PET/CT ORDER FORM

CENTRAL SCHEDULING (615) 329-1599

Appt. Date _____ Drink/Arrival Time _____ Appt. Time _____

Tennessee PET Scan Center
1840 Medical Ctr. Park., Suite 100
Murfreesboro, TN 37129
Phone (615) 890-5858
Fax (615) 890-5670

Imaging Alliance-Nashville PET
52 White Bridge Road
Nashville, TN 37205
Phone (615) 354-1255
Fax (615) 354-9806

Tennessee Oncology PET Services
2018 Murphy Ave., Suite 200
Nashville, TN 37203
Phone (615) 320-7387
Fax (615) 327-3756

Patient Name _____ Date of Birth _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Social Security No. _____ Emergency Contact _____ Emergency Phone (____) _____

Referring Physician _____ Signature _____
(PRINT NAME) (NO STAMPS PLEASE)
Phone (____) _____ Fax (____) _____

ICD Code _____ IV Contrast Allergy ___ Yes ___ No ___ Unknown

Primary Diagnosis _____

Special Instructions _____

Location of Previous Scans _____

Authorization No. _____ **PET Order** _____ **STAT REPORT** _____

Standard Body Scan
CPT 78815 - Standard Body Scan Skull base to mid thigh

Special Non-Standard Body Scan
CPT 78816 - Whole Body Scan Melanoma, initial staging only
CPT 78608 - Brain Only

CT Order _____ **STAT REPORT** _____

Chest
Abdomen (diaphragm to iliac crest)
Pelvis (iliac crest to pubis)
Orbits
Other, specify _____

Head
Neck
Sinus
Extremity, specify _____