

# PREP FOR CT SCAN

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## TENNESSEEOncology

a partner of  OneOncology™

Appt. Date: \_\_\_\_\_ Drink/Arrival Time: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

### ❑ Tennessee Oncology PET Services

2018 Murphy Avenue, Suite 200 | Nashville, TN 37203  
Phone: 615.320.7387 | Fax: 615.327.3756

### ❑ Imaging Alliance-Nashville PET Lions Head Village

52 White Bridge Road | Nashville, TN 37205  
Phone: 615.354.1255 | Fax: 615.354.9806

### ❑ Tennessee PET Scan Center

1840 Medical Center Parkway, Seton Building, Suite 100 | Murfreesboro, TN 37129  
Phone: 615.890.5858 | Fax: 615.890.5670

### ❑ Franklin PET Center

4488 Carothers Parkway, Suite 110 | Franklin, TN 37067  
Phone: 615.721.0935 | Fax: 615.764.1924

### ❑ Lebanon PET Scan Center

103 Physicians Way, Suite 100 | Lebanon, TN 37090  
Phone: 615.453.7374 | Fax: 615.444.0492

▪ **Do not eat for six (6) hours before your scan.** You may drink water.

▪ Scans may be ordered with or without oral contrast.

If contrast is ordered with your scan, you will be arriving at your imaging center one (1) hour prior to your scan appointment to begin drinking contrast.

▪ Call 615.329.1599 to cancel or reschedule your appointment. Twenty-four (24) hour advance notice is **required** for any changes to your scheduled appointment time.

# PREP FOR P.E.T. SCAN

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- **Do not eat for six (6) hours before your scan.** You may drink water.
- Eat a light, low carb meal as the last meal before your six (6) hour prep for the scan.
  - Do not have candy, gum or cough drops for six (6) hours prior to your scan.
  - Do not take any liquid medications before your scan. Any regular medications – pills, tablets, capsules – can be taken with water if tolerated on an empty stomach.
  - **Do not** take oral diabetes medication for six (6) hours before your scan.  
Give any insulin injections at least four (4) hours **before** your scan.
  - Avoid strenuous exercise, including rehab activities, for 24 hours before your scan.
- Scans may be ordered with or without oral contrast. If contrast is ordered with your scan, you will be arriving at your imaging center one (1) hour prior to your scan appointment to begin drinking contrast. PET scans of the head and neck do not require contrast.
- Call 615.329.1599 to cancel or reschedule your appointment. Twenty-four (24) hour advance notice is **required** for any changes to your scheduled appointment time.

# TENNESSEE ONCOLOGY

## Frequently Asked Questions For P.E.T. scans

### What is PET?

PET is an acronym for **Positron Emission Tomography**. PET uses radiation or nuclear medicine imaging to produce 3-dimensional color images of the functional processes within the human body. A Computed Tomography (CT) scan shows the structure. Merging these two scans into one highly sophisticated PET/CT imaging technique provides detailed information about presence or spread of disease and accurately identifies its precise location.

### How does PET work?

Radioactive glucose (sugar) called a radiotracer is injected into the vein of your arm. The tracer travels through the body and is absorbed by the organs and tissues being studied. The energy given off by the tracer substance is converted into 3-dimensional pictures.

### How is a PET scan different from a CT or MRI scan?

A PET scan reveals energy changes at a cellular level. This allows detection of small cancers, differentiates between benign and malignant tumors, and allows accurate staging. CT or MRI detects structural organ or tissue changes that occur later with more progressed disease. .

### How long does the test take?

After injected into the vein, it typically takes about 1 hour for the radiotracer to travel throughout the body and be absorbed into the organs or tissues being examined. The scan itself may take another 20-45 minutes. You will be asked to remain still for the length of the exam.

### What are the risks associated with a PET scan?

Although a radiotracer chemical is used, the radiation exposure is low. Pregnant and lactating women should discuss the risk compared with the need for and potential information to be gained with their physician.

### How do I prepare for a PET Scan?

- Do not eat or drink 6 hours prior to your exam.
- Take regular medications with water, except diabetic medications.
- **Oral diabetic medications cannot be taken within six hours of your scan.** Insulin should NOT be injected within 4 hours of the scan. Blood glucose should be less than 200 before the injection of radioactive glucose. For glucose levels above 200, please contact our PET facility prior to your appointment time.
- Discuss with your physician if you anticipate experiencing anxiety or claustrophobia. A mild sedative may be prescribed for you to bring with you to your appointment. If so, plan to have someone drive you home.
- Wear comfortable clothes.
- Expect the procedure to last a total of 2-3 hours.
- Provide 24 hour advance notice to reschedule.

### What happens after the PET scan?

Eat as normal and drink plenty of fluids after your study is completed. You should not experience any side effects from the study.

### When will I receive results of the PET scan?

Scan results will be sent to your referring physician. Your physician will follow up to discuss your results.

# P.E.T. / CT ORDER FORM

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**Tennessee PET Scan Center**

Phone: 615.890.5858

Fax: 615.890.5670

**Imaging Alliance-Nashville PET**

Phone: 615.354.1255

Fax: 615.354.9806

**Tennessee Oncology PET Services**

Phone: 615.320.7387

Fax: 615.327.3756

**Lebanon PET Scan Center**

Phone: 615.453.7374

Fax: 615.444.0492

**CENTRAL SCHEDULING: 615.329.1599**

Appt. Date: \_\_\_\_\_ Drink/Arrival Time: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Auth # _____	<b>PET ORDER</b>	<input type="checkbox"/> <b>STAT REPORT</b>
Standard Body Scan	Special Non-Standard Body Scan	
<input type="checkbox"/> Standard Whole Body Scan (Skull base to mid thigh, CPT 78815)	<input type="checkbox"/> Melanoma Whole Body Scan (for Initial Staging Melanoma, CPT 78816)	
	<input type="checkbox"/> Brain Only, CPT 78608	

<b>CT ORDER</b>		<input type="checkbox"/> <b>STAT REPORT</b>
<b>(IV CONTRAST WILL BE GIVEN WHERE APPROPRIATE UNLESS SPECIFIED OTHERWISE)</b>		
<input type="checkbox"/> Chest	<input type="checkbox"/> Head	
<input type="checkbox"/> Abdomen (diaphragm to iliac crest)	<input type="checkbox"/> Neck	
<input type="checkbox"/> Pelvis (iliac crest to pubis)	<input type="checkbox"/> Sinus	
<input type="checkbox"/> Orbits	<input type="checkbox"/> Extremity, specify _____	
<input type="checkbox"/> Other, specify _____		

<b>PATIENT DEMOGRAPHICS</b>		
Patient Name: _____	Date of Birth: _____	
Home Phone: _____	Work Phone: _____	Cell: _____
Social Security No: _____	Emergency Contact Name: _____	Emergency Phone: _____
Referring Physician: _____ <small>(Print Name)</small>	Signature: _____	<b>(NO STAMPS PLEASE)</b>
Phone: _____	Fax: _____	

<b>CLINICAL INFORMATION</b>	
ICD-10 Code: _____	<b>UNSPECIFIED CODES CAN NOT BE ACCEPTED</b>
Primary Diagnosis: _____	
_____	
_____	
ICD-10 Code: _____	<b>UNSPECIFIED CODES CAN NOT BE ACCEPTED</b>
Secondary Diagnosis: _____	
_____	
_____	
IV Contrast Allergy: _____ Yes _____ No _____ Unknown	
Location of Previous Scans: _____	