

PREP FOR CT SCAN

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 or drink for six (6) hours before your scan.

- Scans may be ordered with or without oral contrast.

If oral 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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Appt. Date: _____ Drink/Arrival Time: _____ Appt. Time: _____

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Phone: 615.453.7374 | Fax: 615.444.0492

▪ Do not eat or drink for six (6) hours before your scan.

- 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 oral 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.

P.E.T. / CT ORDER FORM

TENNESSEEOncology

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Tennessee PET Scan Center

Phone: 615.890.5858

Fax: 615.890.5670

Tennessee Oncology PET Services

Phone: 615.320.7387

Fax: 615.327.3756

Imaging Alliance-Nashville PET

Phone: 615.354.1255

Fax: 615.354.9806

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

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

PATIENT DEMOGRAPHICS		
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: _____	(NO STAMPS PLEASE)
Phone: _____	Fax: _____	

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