

P.E.T. / CT ORDER FORM

TENNESSEEOncology

a partner of  OneOncology

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

STAT REPORT

Standard PET Scan (Skull base to mid thigh, CPT 78815)

Brain PET Scan, CPT 78608

Whole Body PET Scan (for Initial Staging Melanoma Only, CPT 78816)

Other, Specify _____

CT ORDER

STAT REPORT

(IV CONTRAST WILL BE GIVEN WHERE APPROPRIATE UNLESS SPECIFIED OTHERWISE)

Chest

Head

Abdomen (diaphragm to iliac crest)

Orbits

Pelvis (iliac crest to pubis)

Sinus

Neck

Extremity, specify _____

Other, specify _____

PATIENT DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Social Security No: _____ Emergency Contact Name: _____ Emergency Phone: _____

Referring Physician: _____ Signature: _____
(Print Name) (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: _____