

# 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 ❑ 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

### ▪ You may have plain water.

### ▪ 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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## TENNESSEEOncology

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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

### ▪ You may have plain water.

### ▪ 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.

PET / CT ORDER FORM



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 Only, CPT 78608	
<input type="checkbox"/> Whole Body PET Scan (Top of skull to feet, CPT 78816)	<input type="checkbox"/> PSMA PET Scan (Prostate, CPT 78815)	
	<input type="checkbox"/> DOTATATE PET Scan (Neuroendocrine, CPT 78815)	

CT ORDER		<input type="checkbox"/> STAT REPORT
<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 _____		

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

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