

PREP FOR P.E.T. SCAN

TENNESSEE ONCOLOGY

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

St. Thomas West Imaging Alliance

4220 Harding Road, Suite 101 | 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

Chattanooga PET and Imaging Center

1032 McCallie Ave., First Floor | Chattanooga, TN 37403
Phone: 423.708.6495 | Fax: 423.749.0130

■ 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.
 - No flavored nicotine products for six (6) hours before 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.

PREP FOR CT SCAN

TENNESSEEOncology

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

St. Thomas West Imaging Alliance

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Phone: 615.354.1255 | Fax: 615.354.9806

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Phone: 615.453.7374 | Fax: 615.444.0492

Chattanooga PET and Imaging Center

1032 McCallie Ave., First Floor | Chattanooga, TN 37403
Phone: 423.708.6495 | Fax: 423.749.0130

■ 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.

P.E.T. / 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:

PET ORDER
Auth #
Standard PET Scan (Skull base to mid-thigh, CPT 78815)
Whole Body PET Scan (Top of skull to feet, CPT 78816)
Brain PET Scan Only, CPT 78608
PSMA PET Scan (Prostate, CPT 78815)
DOTATATE PET Scan (Neuroendocrine, CPT 78815)
With Contrast (Cannot be ordered same day as CT with contrast)
STAT REPORT

CT ORDER
(IV CONTRAST WILL BE GIVEN WHERE APPROPRIATE UNLESS SPECIFIED OTHERWISE)
Chest, Abdomen (diaphragm to iliac crest), Pelvis (iliac crest to pubis), Orbits, Other, specify
Head, Neck, Sinus, Extremity, specify
STAT REPORT

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

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