

PREP FOR CT SCAN

TENNESSEEOncology

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

☐ **Elliston Place Imaging**

322 22nd Avenue North, Suite 140 | 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.**

■ 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

TENNESSEEONCOLOGY

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

☐ Elliston Place Imaging

322 22nd Avenue North, Suite 140 | Nashville, TN 37203
Phone: 615.320.7387 | Fax: 615.327.3756

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☐ 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.

RADIATION ONCOLOGY
P.E.T. / CT ORDER FORM

TENNESSEE
ONCOLOGY

☐ Tennessee PET Scan Center
Phone: 615.890.5858
Fax: 615.890.5670
☐ Elliston Place Imaging
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

☐ Franklin PET Scan Center
Phone: 615.721.0935
Fax: 615.764.1924
☐ Chattanooga PET
Phone: 423.708.6495
Fax: 423.749.0130

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) ☐ PSMA PET Scan (Prostate, CPT 78815)
☐ Whole Body PET Scan (Top of skull to feet, CPT 78816) ☐ DOTATATE PET Scan (Neuroendocrine, CPT 78815)
☐ Brain PET Scan Only, CPT 78608 ☐ With Contrast (Cannot be ordered same day as CT with contrast)

CT ORDER

☐ STAT REPORT

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

- ☐ Chest ☐ Head
☐ Abdomen (diaphragm to iliac crest) ☐ Neck
☐ Pelvis (iliac crest to pubis) ☐ Sinus
☐ Orbits ☐ Extremity, specify _____
☐ Other, specify _____

MRI

☐ STAT REPORT

(MRI WILL BE PERFORMED WITH AND WITHOUT CONTRAST UNLESS SPECIFIED OTHERWISE)

- ☐ Brain ☐ Other, specify _____

PATIENT DEMOGRAPHICS:

Patient Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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

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: _____

Referring Physician: _____ Signature: _____
(Print Name)

Phone: _____ Fax: _____

(NO STAMPS PLEASE)

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

☐ **Memorial**
605 Glenwood Drive, Suite 200
Chattanooga, TN 37404
Phone: 423.698.1844 Fax: 423.624.2226

☐ **PREP FOR CT SCAN**

■ **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 your scan is ordered with oral contrast and it was provided to you by your ordering office, please begin drinking the contrast one (1) hour before your appointment time. If your scan is ordered with oral contrast and you have not received it, please arrive at the imaging center one (1) hour before your appointment time to drink.

■ 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.

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