

RADIATION ONCOLOGY  
THE SURGICAL CLINIC  
P.E.T. / CT ORDER FORM

- ☐ Tennessee PET Scan Center  
Fax: 615.890.5670
- ☐ Imaging Alliance-Nashville PET  
Fax: 615.354.9806
- ☐ Franklin PET Scan Center  
Fax: 615.764.1924
- ☐ Elliston Place Imaging  
Fax: 615.327.3756
- ☐ Lebanon PET Scan Center  
Fax: 615.444.0492
- ☐ Tullahoma PET Scan Center  
Fax: 931.588.0240



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)

(NO STAMPS PLEASE)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_