

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: _____ Yes _____ No _____ Unknown	
Location of Previous Scans _____	