

PREP FOR CT SCAN

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

St. Thomas West Imaging Alliance

4220 Harding Road, Suite 101 Nashville, TN 37203
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.

■ 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

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■ 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

St. Thomas West Imaging Alliance
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

STAT REPORT

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)

CT ORDER

STAT REPORT

(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 _____

PATIENT DEMOGRAPHICS

Patient _____

Date of Birth: _____

Name: Home

Phone: _____

Work

Phone: _____

Cell

Phone: _____

Social Security No: _____

Emergency

Contact Name: _____

Emergency

Contact 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 _____