

Patient Name: _____ Appointment Date: _____ Time: _____
 Phone(s): _____ DOB: _____ SSN: _____
 Insurance: _____ Policy#: _____ Group#: _____
 Preauthorization Number: _____
 Diagnosis (ICD10 Code): _____ Chief Complaint/Symptoms: _____
 Referring Physician: _____ Signature: _____
 Office Phone: _____ Fax: _____ Scheduled by: _____

**** We'll be happy to obtain your precert for you. ****

MRI PROCEDURES (3.0 & 1.5 Tesla)

****Maximum table weight: 550 lbs.**

			Without Contrast	W/Without Contrast
☐ Brain			(70551)	(70553)
☐ MRA Brain			(70544)	
☐ Pituitary			(70551)	(70553)
☐ Orbits			(70540)	(70543)
☐ IAC's			(70551)	(70553)
☐ Face/Neck	L	R	(70540)	(70543)
☐ Shoulder	L	R	(73221)	(73223)
☐ Elbow	L	R	(73221)	(73223)
☐ Humerus/Upper Ex.	L	R	(73218)	(73220)
☐ Forearm/Upper Ex.	L	R	(73218)	(73220)
☐ Wrist	L	R	(73221)	(73223)
☐ Hip	L	R	(73721)	(73723)
☐ Thigh	L	R	(73718)	(73720)
☐ Knee	L	R	(73221)	(73723)
☐ Lower Leg	L	R	(73718)	(73720)
☐ Ankle	L	R	(73721)	(73223)
☐ Foot	L	R	(73718)	(73720)
☐ Chest			(71550)	(71555C)
☐ Abdomen			(74181)	(74183)
☐ MRCP			(74181)	
☐ Cervical Spine			(72141)	(72156)
☐ Lumbar			(72148)	(72158)
☐ Pelvis			(72195)	(72197)
☐ Thoracic Spine			(72146)	(72157)
☐ MRA Other:				
☐ Other:				

NUCLEAR MEDICINE PROCEDURES

****Maximum table weight: 300 lbs.**

- | | |
|--|---|
| ☐ Whole body bonescan (78306) | ☐ Hida w EF wo CCK (78226) |
| ☐ Hida Imaging (78223) | ☐ Hida w EF (78227) |
| ☐ Bone scan - 3 phase (78315) | ☐ Bone scan - limited (78300) |
| ☐ MUGA - singlestudy (78472) | ☐ Gastric Emptying (solid) (78264) |
| ☐ Other Exam: | |

CT PROCEDURES

****Maximum table weight: 450 lbs.**

	With Contrast	Without Contrast	W/Without Contrast
☐ Maxillofacial/Sinus		(70486)	(70488)
☐ Head / Brain		(70450)	(70470)
☐ Orbits		(70480)	(70482)
☐ Neck	(70491)	(70490)	(70492)
☐ Cervical Spine	(72126)	(72125)	(72127)
☐ Chest	(71260)	(71250)	(72170)
☐ Chest CTA	(72175)	(71250)	(72170)
☐ Thoracic Spine	(72129)	(72128)	(72130)
☐ Pelvis	(72193)	(72192)	(72194)
☐ Abdomen & Pelvis	(74177)	(74176)	(74178)
☐ Abdomen	(74160)	(74150)	(74170)
☐ Lumbar Spine	(72132)	(72131)	(72133)
☐ Upper Extremity	(73201)	(73200)	(73202)
Area: _____			
☐ Lower Extremity	(73701)	(73700)	(73702)
Area: _____			
☐ Calcium Score	(75571)		
☐ LDCT/Lung Screening	(G0297)		
☐ Other Exam:			

X-RAY PROCEDURES

****Maximum table weight: 300 lbs.**

☐ Skull (70260)	☐ Facial Bones (70150)	L	R
☐ Sinuses (70220)	☐ Shoulder, 2 Views (73030)	L	R
☐ Cervical Spine, 2 Views (72040)	☐ Humerus, 2 Views (73060)	L	R
☐ Cervical Spine, Complete (72052)	☐ Forearm (73090) L R	L	R
☐ Thoracic Spine (72070, 72072)	☐ Hand, 3 Views (73130)	L	R
☐ Lumbar Spine, 2 Views (72100)	☐ Wrist (73110)	L	R
☐ Lumbar Spine, Complete (72110)	☐ Hip, 2 Views (73502)	L	R
☐ Chest, PA & LAT (71020)	☐ Femur (73552)	L	R
☐ Chest, Single View (71010)	☐ Knee (73564)	L	R
☐ Ribs, Bilateral (71110)	☐ Tibia/Fibula (73590)	L	R
☐ KUB Abdomen (74000)	☐ Ankle (73610)	L	R
☐ Abdomen, 2 Views (74020)	☐ Foot (73060)	L	R
☐ Hip, Bilateral w/AP Pelvis (73522)	☐ Other Exam:		
☐ Pelvis (72170)			
☐ Skeletal Survey, Complete (77075)			

ULTRASOUND PROCEDURES

☐ Thyroid (76536)	☐ Venous Ultrasound – Unilateral (93971)
☐ Carotid (93880)	☐ Testicular (76870)
☐ Abdomen Complete (76700)	☐ Post Void Bladder (51798)
☐ Abdomen Limited (76705)	☐ Lower Arterial Bilateral Complete (93925 + 93922)
☐ Retro Limited (76775)	☐ Upper Arterial Bilateral Complete (93930)
☐ Pelvic Trans abdominal (76856)	☐ Ankle Brachial Index (ABI) (93922)
☐ Pelvic Transvaginal (76830)	☐ Echocardiogram (93306)
☐ Limited Pelvic (76857)	☐ Venous US Bilateral (93970)

PET/CT PROCEDURES

****Maximum table weight: 450 lbs.**

- ☐ FDG (78815/A9552)
- ☐ PSMA (78815/A9596)
- ☐ FES (78815/A9591)
- ☐ Amyloid 78814/A9586
- ☐ Neuroendocrine (78815/A9592)
- ☐ Glioma (78814/A9597)

Do you want Diagnostic CT scans with your PET/CT? ☐ Y ☐ N

****CT's that are performed as a component of a PET/CT scan are used for attenuation correction and localization ONLY. They are not of a quality intended to be used for diagnostic purposes. If you would like to order diagnostic CT's, you must select the "YES" or "NO" box above.**

Indication for study: (Please check one of the following.)

- ☐ Initial Treatment Strategy - includes diagnosing and initial staging of cancer
- ☐ Subsequent Treatment Strategy - includes treatment monitoring, restaging, and detection of suspected recurrence of cancer.

Date of most recent:

Chemotherapy: _____ Radiation Therapy: _____ Surgery: _____

SCHEDULING REQUIREMENTS

Please fax within 24 hours after scheduling to (865) 934-0944

- ☐ Completed and signed order
- ☐ **H&P and most recent office notes**
- ☐ Prior CT / NM / MR / XR Reports & CD
- ☐ Copies of Insurance Card(s)
- ☐ Biopsy/Pathology Results (for CT procedures ONLY)
- ☐ Please send images and reports to UT PACS/Powerchart