WEST CANCER CENTER & RESEARCH INSTITUTE

RADIOLOGY SCHEDULING:
Fax: 901.322.2994
Phone: 901.609.3556

WEST CANCER CENTER & RESEARCH INSTITUTE: RADIOLOGY PHYSICIAN ORDER FORM

PATIENT INFORMATION: ***(all fields are required)***

LAST NAME _____ FIRST NAME _____ M.I. _____ MALE _____ FEMALE _____

PHONE NUMBER _____ SSN _____ DOB (MM/DD/YYYY) _____ CONTRAST ALLERGY Y ☐ N ☐ IF SO, WHAT TYPE? _____

ADDRESS _____ CITY, STATE, ZIP _____ PRIOR STUDIES/DATE/LOCATION _____

****MANDATORY TO SCHEDULE***: *LIST OF CURRENT MEDICATIONS, PERTINENT H & P, LABS, AND INSURANCE CARD**

PATIENT APPT. DATE _____ TIME OF APPT. _____ SCHEDULED BY _____

ORDERING PHYSICIAN PRINT NAME _____ ORDERING PHYSICIAN SIGNATURE _____ CONTACT PERSON _____

ORDER DATE _____ FAX TO SEND ALL REPORTS _____ DIAGNOSIS/SYMPTOMS REQUIRING TEST - ICD10 (*indicate medical necessity and any clinical information clarifying each service being requested)* _____

DIAGNOSTIC RADIOLOGY PROCEDURES			
CT SCAN	W	W/O	W & W/O
Head	☐	☐	☐
Chest	☐	☐	☐
Abdomen	☐	☐	☐
Pelvis	☐	☐	☐
Neck	☐	☐	☐
Screening Lung	☐	☐	☐
CTA			
Head	☐	☐	☐
Neck	☐	☐	☐
Chest	☐	☐	☐
Abdomen	☐	☐	☐
CTA Runoff (Legs)	☐	☐	☐
PET			
PET/CT: Skull Base to Mid-Thigh	☐	☐	☐
PET Axumin	☐	☐	☐
PET Netspot	☐	☐	☐
PET PSMA	☐	☐	☐
MRI			
Head	☐	☐	☐
Neck	☐	☐	☐
Abdomen	☐	☐	☐
Pelvis (Rectal, Female, Prostate, Bone)	☐	☐	☐
Spine (C) (T) (L)	☐	☐	☐
MRA			
Head/Neck (Order Both)	☐	☐	☐
ULTRASOUND			
Chest	☐		
Abdomen	☐		
Pelvis	☐		
Legs	☐		
Neck	☐		
Thyroid	☐		
Vascular Area	☐		
Location:	☐		
Other:	☐		

INTERVENTIONAL RADIOLOGY PROCEDURES	
BIOPSIES	
Liver	☐
Lung	☐
Pancreas	☐
Abdominal/Pelvic	☐
Bone	☐
Thyroid	☐
Renal	☐
Node/Mass	☐
TEST NEEDED	
Histopath/SurgPath	☐
Molecular (Caris)(Foundation One)	☐
Flow Cytometry	☐
DRAINAGES	**ABSCESS AREA**
Thoracentesis	☐
Paracentesis	☐
Ureteral Stent	☐
Biliary	☐
Gastrostomy	☐
Nephrostomy	☐
ANGIO/VENOGRAPHY	
Diagnostic/Local Region	☐
LINES	
PICC/Hickman	☐
PAC	☐
SVC Stent	☐
ICV Filter/Removal	☐
VASCULAR BLAND INTERVENTION	
Chemo/Embolization	☐
Fibroid Embolization	☐
ABLATION	**LOCATION**
Lung	☐
Liver	☐
Bone	☐
Kidney	☐
OTHER	☐