WEST CANCER CENTER: RADIOLOGY PHYSICIAN ORDER FORM

FAX: 901.322.2994 | PHONE: 901.609.3556 | SUPPORT@WESTCLINIC.COM

Orders must include demographics, pre-cert information, H&P within 30 days, insurance card, current list of medications, and all of the following fields.

| LAST NAME | | FIRST NAME | | M.I. | MALE | FEMALE | |
|-------------------------------|-----------------------|------------------------------|--|----------------------------|------------------------|----------|--|
| | | | | <u>Y</u> <u>N</u> | | | |
| PHONE NUMBER | SSN | DOE | 3 (MM/DD/YYYY) | CONTRAST ALLERGY | IF SO, WHAT TYPE? | | |
| ADDRESS | | CITY, STATE, ZIP PRIOR STUD | | OR STUDIES/DATE/LOCAT | DIES/DATE/LOCATION | | |
| PATIENT APPT. DATE | | TIME OF APPT. | | SCHEDULED BY | | | |
| ORDERING PHYSICIAN PRINT NAME | | ORDERING PHYSICIAN SIGNATURE | | CONTACT PERSON | | | |
| ORDER DATE | FAX TO SEND ALL REPOR | | PTOMS REQUIRING ving each service beir | TEST - ICD10 (indicate med | ical necessity and any | clinical | |

CT SCAN W/O W & W/O Head Chest Abdomen Pelvis Neck Screening Lung CTA Head Neck Chest Abdomen CTA Runoff (Legs) PET FDG: Skull-to-Thigh PET FDG: Whole Body PET Axumin PET Netspot/DetectNET (dotatate) PET PSMA MRI Head Neck Abdomen Pelvis (Rectal, Female, Prostate, Bone) Spine (C) (T) (L) Head/Neck (Order Both) ULTRASOUND Chest Abdomen Pelvis Legs Neck Thyroid Vascular Area Location: Other:

DIAGNOSTIC RADIOLOGY PROCEDURES

| INTERVENTIONAL RADIOLOGY BIOPSIES | Y PROCEDURES |
|-----------------------------------|--------------|
| Liver | |
| Lung | |
| Pancreas | |
| Abdominal/Pelvic | |
| Bone | |
| Thyroid | |
| Renal | |
| Node/Mass | |
| PATH TEST NEEDED | |
| Histopath/SurgPath | |
| Molecular (Caris)(Foundation One) | |
| Flow Cytometry | |
| DRAINAGES | |
| Thoracentesis | |
| Paracentesis | |
| Ureteral Stent | |
| Biliary | |
| Gastrostomy | |
| Nephrostomy | |
| ANGIO/VENOGRAPHY | |
| Diagnostic/Local Region | |
| LINES | |
| PICC/Hickman | |
| PAC | |
| SVC Stent | |
| ICV Filter/Removal | |
| VASCULAR INTERVENTION | |
| Chemo/Embolization | |
| Fibroid Embolization | |
| Radioembolization/ Y90 | |
| ABLATION | LOCATION |
| Lung | |
| Liver | |
| Bone | |
| Kidney | |
| OTHER | |