WEST CANCER CENTER & RESEARCH INSTITUTE: RADIOLOGY ORDER FORM

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

PATIENT LAST NAME | **PATIENT FIRST NAME** | **M.I.** | **MALE** | **FEMALE**

PHONE NUMBER | **SSN** | **DOB (MM/DD/YYYY)**

ADDRESS | **CITY, STATE & ZIP** | **PRIOR AUTHORIZATION NUMBER**

ORDERING PHYSICIAN PRINT NAME | **ORDERING PHYSICIAN SIGNATURE** | **NAME OF CONTACT PERSON**

ORDER DATE | **OFFICE FAX # TO SEND ALL PATIENT REPORTS** | **CONTRAST ALLERGY** ☐ ☐ | **IF SO, WHAT TYPE?**

PRIOR STUDIES (include dates and locations):

DIAGNOSIS / SYMPTOMS REQUIRING TEST - ICD10 & CPT CODES (*indicate medical necessity and clarify each service being requested*):

SIGN TO CONFIRM:

There have been no changes in the H&P or the review systems since the last attached H&P: _____

(sign here)

CHECK TO CONFIRM ALL REQUIRED DOCUMENTS HAVE BEEN FAXED TO 901.322.2994:

** We cannot schedule this patient without the following information.*

_____ Patient Demographics

_____ Patient's Insurance Card

_____ Pre-Cert Information

_____ Current List of Medications

_____ H&P within 30 days or no changes since last visit

See next page for procedure or imaging details.

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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 FDG: Skull-to-Thigh			
PET FDG: Whole Body			
PET Netspot/DetectNET (dotatate)			
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	
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	
ABLATION	**LOCATION**
Lung	
Liver	
Bone	
Kidney	
OTHER	

VASCULAR INTERVENTIONS:

CANCER TREATMENTS	
Chemo / Embolization	
Portal Vein Embolization (PAE)	
Radioembolization	
Selective Internal Radiation Therapy (SIRT)	
Trans-Arterial Embolization (TAE)	
Tumor Ablation	
Tumor Embolization (Y90)	

PAIN / DISEASE MANAGEMENT	
Fibroid Embolization	
Geniculate Artery Embolization (GAE)	
Planter Fasciitis Embolization (PFE)	
Prostatic Artery Embolization (PAE)	
Uterine Fibroid Embolization (UFE)	
Vertebroplasty / Kyphoplasty	

***For assistance, please contact our Radiology Department directly at* 901.609.3556.**