



**PET/CT suite**

6820 Parkdale Place, Suite 105, Indianapolis, IN 46254

Office: 317-329-7171 Fax: 317-329-7181

Appointment Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

# CT ORDER FORM

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pre-Cert NA or # \_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_

Claims Address: \_\_\_\_\_

Guarantor: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

Claims Address: \_\_\_\_\_

Guarantor: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

Cigna Ins: YES / NO    Anthem Ins: YES / NO    MVA: YES / NO    Workman's Comp: YES / NO

### To be completed by physician

CREATININE LEVEL & GFR NEEDED IF CONTRAST ORDERED AND: (If 40<GFR, then No Contrast w/o physician consult)

- |                                       |  |
|---------------------------------------|--|
| ____ >70 yrs old                      | ____ Paraproteinemia syndromes such as myeloma |
| ____ Diabetes, medically treated      | ____ Collagen vascular disease                 |
| ____ Kidney Disease                   | ____ Medications in Risk Factors               |
| ____ Family history of kidney disease | ____ Two or more Risk Factors                  |

**RISK Factors:**  
 Renal failure, renal insufficiency, dialysis  
 Dehydration- vomiting, diarrhea, decreased p.o. intake  
 Cardiovascular disease and the use of diuretics  
 Myeloma  
 Hypertension  
 Hyperuricemia  
 Meds: NSAIDS, Metformin, Avandamet, Glucophage  
 Glucovance, Metaglip, Aminoglycosides

Creatine \_\_\_\_\_ GFR \_\_\_\_\_ Date done \_\_\_\_\_ (Must be within 1 week if diabetic or risk factors. 4 weeks for others.)

Diagnosis Symptoms \_\_\_\_\_ R/O \_\_\_\_\_

Is there a chance of pregnancy? YES/NO (If "yes" pregnancy results needed)    Previous CT for comparison study? \_\_\_\_\_ (If so, fax report. Patient needs to bring study on CD)

Previous Surgeries of this area? \_\_\_\_\_

You must hold Metformins for 48 hours after contrast injection and retest "creatinine" before restarting Metformins.

**ICD-9 Code:** \_\_\_\_\_

Exam	CPT	Exam	CPT	Exam	CPT
Head wo contrast	70450	Chest wo	71250	Urology Study & KUB	74170, 72192, 74000
Head w/wo contrast	70470	Chest w	71260	Spine, Cervical, wo	72125
Sinuses Axial only	70486	Abdomen w contrast	71270	Spine, Thoracic	72128
Facial wo Axial only	70486	Abdomen w/wo contrast	74160	Spine, Lumbar, wo	72131
Orbits Axial only	70480	Abdomen wo	74150	Extremity, upper wo R L	73200
IAC's wo Axial only	70480	Pelvis wo contrast	72192	Extremity, lower wo R L	73700
Neck wo contrast	70490	Pelvis w contrast	72193	<input type="checkbox"/> With Oral Contrast <input type="checkbox"/> NO IV Contrast <input type="checkbox"/> With IV Contrast <input type="checkbox"/> NO Contrast <input type="checkbox"/> Without/With IV Contrast	
Neck w contrast	70491	Pelvis w/wo contrast	72194		

Physician name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Contact: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

## Patient prep:

- All exams ordered with contrast you must be NPO for 4 hrs before your exam.  
(NPO means nothing to eat or drink)
- If your exam was ordered with “oral prep” it must be obtained from the ordering office or from the PET/CT suite prior to your exam. (Abdomen with, Abdomen/Pelvis with and Pelvis with)

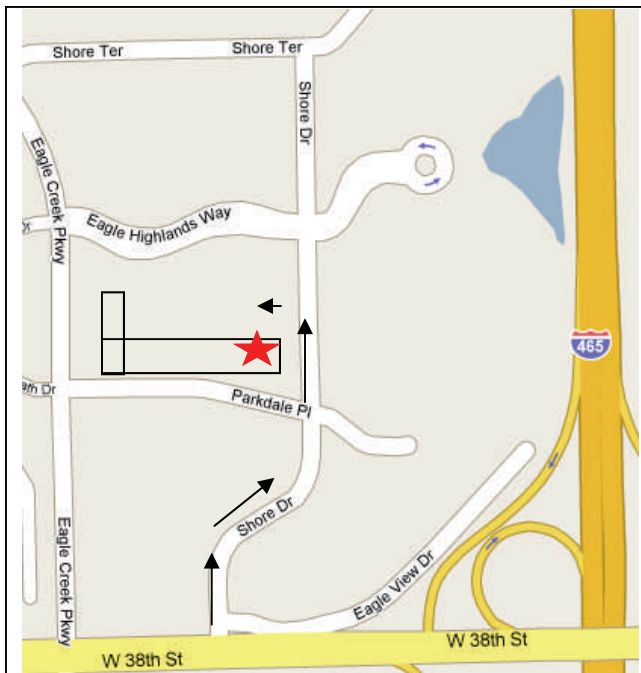
Test Date: \_\_\_\_\_

Start Oral prep at: \_\_\_\_\_ am/pm (90 minutes before study time)

1/2 of Second bottle at: \_\_\_\_\_ am/pm (45 minutes before study time)  
(Only drink 1/2 of second bottle and bring the rest of it with you. We will instruct you on when to drink the second 1/2.)

Arrival Time: \_\_\_\_\_

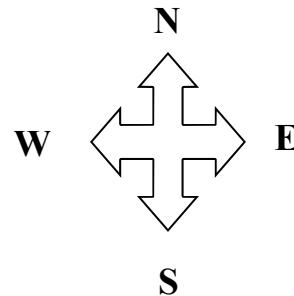
Study Time: \_\_\_\_\_



**West side of Indianapolis.**

Exit 17 on 465. You will go west to Shore Drive and turn right. Follow Shore Drive and go past Parkdale place and turn left into the parking lot on the north side of the building. There is no entrance off of Parkdale Place.

★ 6820 Parkdale Place, Suite 105  
Methodist Medical Plaza  
at Eagle Highland



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