PALOS IMAGING & DIAGNOSTICS

ORDER FORM

15300 West Avenue
East Building • Suite 100
Orland Park, IL 60462
708.226.2500
f: 708.226.2509

Patient Name: (please print) ______________________

Date of Birth: ______________ ☐ Male ☐ Female

Patient Phone #: ______________ Cell #: ______________

History Symptoms Diagnosis: ______________________

____

Physician Name: (please print) ______________________

Physician Signature: ______________________

Physician Office Number: ______________________

Physician Fax Number: ______________________

Primary Insurance: ______________ Authorization #: ______________

Secondary Insurance: ______________ Authorization #: ______________

X-RAYS
No Appointment Needed

- ☐ Chest PA + Lat
- ☐ Abdomen (KUB)
- ☐ Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pre-MRI Orbits
- ☐ Extremity ______________ ☐ R ☐ L
- ☐ Joint ______________ ☐ R ☐ L
- ☐ Other ______________

Ultrasound

- ☐ Carotid Doppler
- ☐ Thyroid
- ☐ Kidneys
- ☐ Abdomen
  Specify Organs ______________
- ☐ Scrotum/Testes
- ☐ Pelvis ☐ TA ☐ TV
- ☐ OB ______________
- ☐ Venous Doppler
  ☐ Upper ☐ Lower ☐ R ☐ L
- ☐ Extremity Non Vascular ☐ R ☐ L
- ☐ Other______________

PET

- ☐ Skull Base to Mid Thigh
- ☐ Whole Body
- ☐ Head
- ☐ Other______________

CT

- ☐ Head — ☐ without & with contrast
- ☐ Orbits — ☐ with contrast
- ☐ Sinuses
- ☐ Temporal Bones/Mastoids/IAC's
- ☐ Facial Bones/Jaw
- ☐ Soft Tissue Neck — ☐ with contrast
- ☐ Cervical
- ☐ Thoracic Levels ______________
- ☐ Lumbar
- ☐ Chest: — ☐ with contrast
  - ☐ High Res
  - ☐ PE
- ☐ Abdomen / Pelvis
- ☐ Abdomen
- ☐ Enterography with
- ☐ Pelvis
- ☐ Urogram wo/w
- ☐ Renal Stone Protocol

(☐ Oral Contrast ☐ With IV and Oral contrast ☐ without & with contrast (Hematuria only))

- ☐ Hips ☐ R ☐ L
- ☐ Extremity ______________ ☐ R ☐ L
- ☐ Other ______________

MRI

Head/Neck

- ☐ Brain
- ☐ Pituitary
- ☐ IAC's
- ☐ Orbits
- ☐ Soft tissue neck
- ☐ Brachial Plexus
- ☐ Other ______________

(☐ without contrast ☐ with contrast ☐ without & with contrast)

MR Angiography

- ☐ ICV's Intracranial Vessels
- ☐ MRV Slow Flow Venous Brain
- ☐ Carotids
- ☐ CE Renal arteries with contrast
- ☐ CE Aortic Arch with contrast
- ☐ Peripheral Vessels with contrast
- ☐ Other ______________

Spine

- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Levels______________

(☐ without contrast ☐ with contrast ☐ without & with contrast)

Chest /Abdomen/ Pelvis

- ☐ Breast MRI with and without Contrast
- ☐ Chest specify organ ______________
- ☐ Liver
- ☐ Kidney Renal
- ☐ Pancreas
- ☐ Cholangiography/MRCP
- ☐ Pelvis
- ☐ Prostate
- ☐ Other ______________

(☐ without contrast ☐ with contrast ☐ without & with contrast)

Musculoskeletal

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hips
- ☐ Knee
- ☐ Ankle
- ☐ Other ______________

(☐ R ☐ L; ☐ without contrast ☐ without & with contrast)

P-401

To schedule, call 708.226.2500.

Ultrasound Prep Instructions

Follow the prep instructions that are provided to you by your physician.

Fasting Prep

- Please do not drink or eat anything by mouth for at least 6-8 hours prior to the following Ultrasound exams: Aorta, Abdomen Complete and any test including the Gallbladder or Pancreas.

Full Bladder Prep

- Empty your bladder one hour and 15 minutes before your appointment. Immediately start to drink 32 oz of water. Finish the water at least one hour before your appointment.
  Do not empty your bladder until instructed to do so by the sonographer.
- You must have a full bladder when you come to your appointment. The following Ultrasound exams that require a full bladder prep are:
  - OB
  - Urinary Bladder
  - Pelvic Ultrasound
- Prior to test eat a good meal to assist with full bladder prep.

Medication

- All medications including dieretics should be taken as prescribed.

MRI Prep Instructions

Your comfort during the procedure is one of our highest priorities. We hope to achieve it through your help with the following:

- Please arrive 15 minutes before your appointment time to complete any necessary paperwork.
- Please bring a picture ID, your insurance card and the referral form.
- Please wear comfortable, metal free, loose-fitting clothing. Avoid underwire bras, girdles, metal snaps and pins.
- In most cases you may eat and drink normally prior to your MRI procedure.
- All medications should be taken as prescribed.
- If applicable, bring your implant and/or stent information card with you.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results

CT Prep Instructions

- Some CT procedures require oral contrast, IV injection and fasting. A minimum 4 hour fast is required for oral and/or IV contrast injection.
- If there is any possibility that you may be pregnant, please notify your physician and our staff. A urine sample for pregnancy test may be requested upon your arrival.
- If you are receiving an injection of IV contrast, Metformin (or Metformin containing medications) should not be taken the day of your CT scan. It is recommended that you wait 48 hours after your injection to resume taking your Metformin (or Metformin containing medications). Any questions or concerns regarding these instructions should be directed to your physician.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results

PET Instructions:

- If you have diabetes, limit your sugar and carbohydrate intake the day before your test to ensure your blood sugar level is below 200.
- Avoid strenuous activities the day before your test.
- Do not eat or drink anything including mints or gum 4-6 hours before exam with the exception of plain water in order to hydrate for your IV start.
- Take all medications with plain water with exception of insulin which needs to be withheld at least 4 hours prior to exam. Oral diabetic medications are ok.
- Wear comfortable clothing without metal zippers or buttons. Limit jewelery worn as it will need to be removed for the scan.
- Please arrive on time. The contrast dose is ordered specifically for you and may not be useable if you are late.
- If for any reason you cannot make the exam or an urgent question arises, please call 708.226.2500; after hours you may page the PET tech at 708.399.6344. After the beep enter your call back number and press #. Someone will return your call.
- If available, please bring any imaging CD's or reports related to your current condition. Previous related imaging aids the Radiologist interpreting your results

Palos Imaging & Diagnostics
PET / CT Order Form

SCHEDULE PET / CT SCANS BY CALLING
CENTRAL SCHEDULING AT 708.226.2562
OR FAXING THIS FORM TO
708.226.2637

Patient Name: ______________________ **Physician:** ______________________

Date of Birth: ____________ **Age:** _____ **Sex:** _____ **Physician Phone:** ______________________

Home Phone: ______________________ **Physician Fax:** ______________________

Authorization may be required. Your office will be contacted by our insurance verifiers if authorization is required by your patient's insurance.

Please check the appropriate CPT code:

- ☐ 78815 Tumor Imaging (PET/CT); skull base to mid thigh *(Recommended for all oncology studies except melanoma)*
- ☐ 78816 Tumor Imaging (PET/CT); whole body *(melanoma only)*
- ☐ 78814 Tumor Imaging (PET/CT) limited area *(e.g. head/neck)*
- ☐ 78608 Brain imaging; metabolic evaluation *(e.g. Alzheimer's)*

Please check the appropriate modifier:

- ☐ PI modifier for the initial treatment
- ☐ PS modifier for the subsequent treatment strategy

Physician Signature ______________________ **Date** ____________

Diagnosis* ______________________ **ICD-10 Code*** ____________

Diagnosis codes must meet medical necessity.

***** Solitary pulmonary nodule (without biopsy), initial strategy only – use ICD-10 code R91.1 (Solitary pulmonary nodule [without biopsy], or coin lesion, lung)***

THE PATIENT MUST HAVE IMAGES/REPORTS FOR ALL STUDIES PREVIOUSLY PERFORMED FOR THEIR PRESENT CONDITION. IF FUSION IMAGING IS REQUIRED, DICOM IMAGE CD MUST ACCOMPANY THE PATIENT. IF THIS IS NOT AVAILABLE AT THE TIME OF THE SCAN, THE INTERPRETATION/REPORT MAY BE DELAYED.

PALOS HEALTH