

Gwinnett Hospital System

ONCOLOGY OUTPATIENT ORDER

IMAGING SERVICES

PLACE LABEL HERE

Imaging Scheduling:
 Phone: 678-312-3444
 Fax: 678-442-9736
 Precertification: 678-312-4095

GMC to Schedule Patient? Yes No
 Patient already scheduled? Yes No
 Appointment Date: _____
 Arrival Time: _____
 Exam Time: _____
 GMC to Precert Patient? Yes No
 If yes, copy of insurance card & clinical documentation must be sent with order
 Medicare? Yes No
 Precertification #: _____

NAME: _____
 DOB: _____
 Phone#1: _____
 Phone#2: _____
 Language: _____

Location of Scheduled Appointment:
 Gwinnett Medical Center – Lawrenceville
 575 Outpatient Imaging Center
 Gwinnett Medical Center – Duluth
 Outpatient Center at GMC – Duluth
 GMC Imaging Center – Hamilton Mill

PATIENT MUST BRING THIS ORDER ON THE DATE OF SERVICE.

Allergies: _____
 Symptoms/Diagnosis (with ICD-9 codes): _____

ALL INTERVENTIONAL RADIOLOGY EXAMS MUST BE SCHEDULED.

IMAGING WILL EVALUATE CREATININE LEVEL PRIOR TO TEST UNLESS LEVEL PERFORMED WITHIN 7 DAYS. RESULT: _____

MRI	MRI/CT ANGIOGRAPHY	CT	NUCLEAR MEDICINE
<input type="checkbox"/> Contrast per Radiologist discretion <input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With and Without Contrast	<input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With and Without Contrast	<input type="checkbox"/> Contrast per Radiologist discretion <input type="checkbox"/> With Contrast <input type="checkbox"/> Without Contrast <input type="checkbox"/> With and Without Contrast	

Prefer Open High Field MRI
 Orbits for MRI clearance

Neuro:
 Brain
 Neck (soft tissue)
 Pituitary
 IAC

Spine:
 Cervical Lumbar
 Thoracic Sacrum-SI Joints

Abdominal:
 Abdomen MRCP
 Adrenals Kidney
 Liver
 Pelvis (Gyn-Prostate)

Musculoskeletal:
 Rt Lt Bilateral
 Shoulder Hip
 Elbow Knee
 Wrist Ankle
 Pelvis (Bony)/Hip
 Foot
 Bone: _____

Arthrogram (with contrast)
 Site: _____

Breast:
 Rt Lt Bilateral
 3D Reconstruction

MRI Angiography
 Circle of Willis (Intracranial)
 Carotid Bifurcations
 Abdomen (Aorta, Renals, Mesenteric)
 Pelvis
 Run-off (Aorta and Bilateral legs)
 MR Venography - Brain
 Other: _____

CT Angiography
 Brain (Aneurysm)
 Head/Neck (Stenosis/TIA)
 Chest Pulmonary Aortic
 Abdomen AND Pelvis
 (Renals OR Mesenteric)
 Pelvis
 Run-off (Aorta and Bilateral legs)
 Other: _____

INTERVENTIONAL

Consultation for:
 SIR Spheres
 Radiofrequency Ablation
 Cryoablation
 Chemoembolization

Neuro:
 Head
 Neck (soft tissue)
 Sinus
 Temporal Bone

Spine:
 Cervical
 Thoracic
 Specify Levels: _____
 Lumbar
 Post Myelogram

Body Imaging:
 Chest
 Abdomen AND Pelvis
 Abdomen Only
 Pelvis Only
 Renal Stone Panel
 (Abdomen & Pelvis w/o contrast)
 Enterography (Volumen)
 (Abdomen & Pelvis w contrast)

Musculoskeletal:
 Upper Extremity w/ 3D Recons
 Lower Extremity w/ 3D Recons
 Rt Lt
 Site: _____

Arthrogram (with contrast)
 Site: _____
 Biopsy: (CT guided)
 Specify: _____

Bone Scan:
 (with correlating films if medically necessary)
 Whole Body
 Limited
 Gastric Emptying
 Hepatobiliary (HIDA)
 With Pharmacological Intervention for EF
 WBC Scan (Gallium/Ceretec)
 Lung Scan (V/Q)
 Renal with Lasix (furosemide)
 Renal with Vasotec (enalapril)
 Thyroid Uptake & Scan
 Other: _____

SPECT/CT

Bone Scan
 Whole Body OR Limited
 Brain
 Parathyroid
 Octreoscan
 ProstaScint
 (chest/abd/pelvis)
 Renal
 Other: _____

PET/CT

Brain (Dementia, Alzheimer's)
 Cancer (Skull base to mid-thigh)
 WB Melanoma

Physician Name (print): _____ STAT Results to : Phone Fax: _____ - _____
 Physician Signature: _____ Hold patient and Call Physician's cell: _____
 Physician NPI#: _____ Date: _____ CC report to: _____

Tests should only be ordered that are medically necessary for the diagnosis, symptoms, and /or treatment. The patient may be billed for tests that are NOT deemed necessary by payors. Please submit all (appropriate) clinical indications for all test (s) ordered. The procedure will NOT be performed in the absence of the completed form including the appropriate diagnosis and/or ICD-9 codes supporting the ordered procedure. Ordering physicians are responsible for the accuracy of the information provided.

