# Diagnostic Services Physician Order Form

Direct Phone (913) 234-0482 • FAX (913) 577-5884

Date: ____________________ Patient Name: ____________________ DOB: ____________

☐ Call Patient to Schedule:  Primary Phone: (____) _____ - ________ Secondary Phone: (____) _____ - ________

Diagnosis: ____________________ Insurance: ____________________

Clinical Indications / Symptoms: ____________________

Send Copy of Scan (circle all that apply):  Send CD to Office  Fax Final Report to (____) _____ - ________

Special Instructions: ____________________

Name of Ordering Physician: ____________________ Phone Number: ____________________

Signature of Ordering Physician: ____________________

As a courtesy, The University of Kansas Cancer Center staff can help you obtain authorization for imaging services. Based on the imaging service and insurance company requirements, you may be asked to provide one or more of the following: Current lab, previous scans, H&P dictation or pathology reports. Our staff will contact you to review the specific items needed prior to performing the service.

We offer a web-based application to view images and reports. For more information or to get this product installed at your office, please contact Matt Pick at 913-234-0505.

## Bone Densitometry/QCT
- ☐ Hip/Spine
- ☐ Other Site (specify):

## CT SCAN
- ☐ Head
- ☐ Neck
- ☐ CTA Pulmonary (P.E. Evaluation)
- ☐ Chest
- ☐ Chest-High Res (Interstitial Lung Disease)
- ☐ Abdomen
- ☐ Abdomen Triple Phase
- ☐ Renal Stone/Protocol
- ☐ Pelvis
- ☐ Sinus
- ☐ Orbits
- ☐ Maxillofacial
- ☐ Temporal Bones
- ☐ Spine (specify Disc Level):
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar
- ☐ Extremity (specify):

## Nuclear Medicine
- ☐ Bone Scan (HDP/MDP 99mTc)
- ☐ SPECT/CT Bone Scan
  (specify area/s):

- ☐ Bone Scan Triple Phase
- ☐ Gallium Scan
- ☐ Gastric Emptying
- ☐ Hemangioma Scan (RBC’s)
- ☐ Hepatobiliary Scan
- ☐ I-123 MIBG Scan
- ☐ Iodine Whole Body Scan
- ☐ Liver/Spleen Scan
- ☐ MUGA
- ☐ Octreotide Scan
- ☐ Parathyroid Scan
- ☐ ProstaScint Scan
- ☐ Renal Scan
- ☐ Thyroid Scan
- ☐ SPECT/CT
  (specify area/s):

## PET/CT
- ☐ Standard (Eyes to Thighs)
- ☐ Whole Body (Head to Toes)
  Call (913) 234-0482 to order
- ☐ Limited (specify):

- ☐ 18F NaF (Sodium Fluoride)
- PET/CT Bone Scan

Please see the reverse of this page for a map of our locations and services provided.

THANK YOU FOR CHOOSING THE UNIVERSITY OF KANSAS CANCER CENTER
KUCC Diagnostic Scheduling
To schedule an appointment at any KUCC location, call 913.234.0482.

KUCC–Lee’s Summit
4881 NE Goodview Cir.
Lee’s Summit, MO 64064
- Bone Density Scan
- CT Scan
- Echocardiography
- PET-CT Scan

KUCC–North
8700 N Green Hills Rd.
Kansas City, MO 64154
- Bone Density Scan
- CT Scan
- Echocardiography
- PET-CT Scan

KUCC–Overland Park
12200 W 110th St.
Overland Park, KS 66210
- Bone Density Scan
- CT Scan
- Echocardiography
- PET-CT Scan

KUCC–South
1000 E 101st Terr.
Kansas City, MO 64131
- Bone Density Scan
- CT Scan
- Echocardiography
- Nuclear Medicine