

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): _____
- Other (specify): _____

Nuclear Medicine

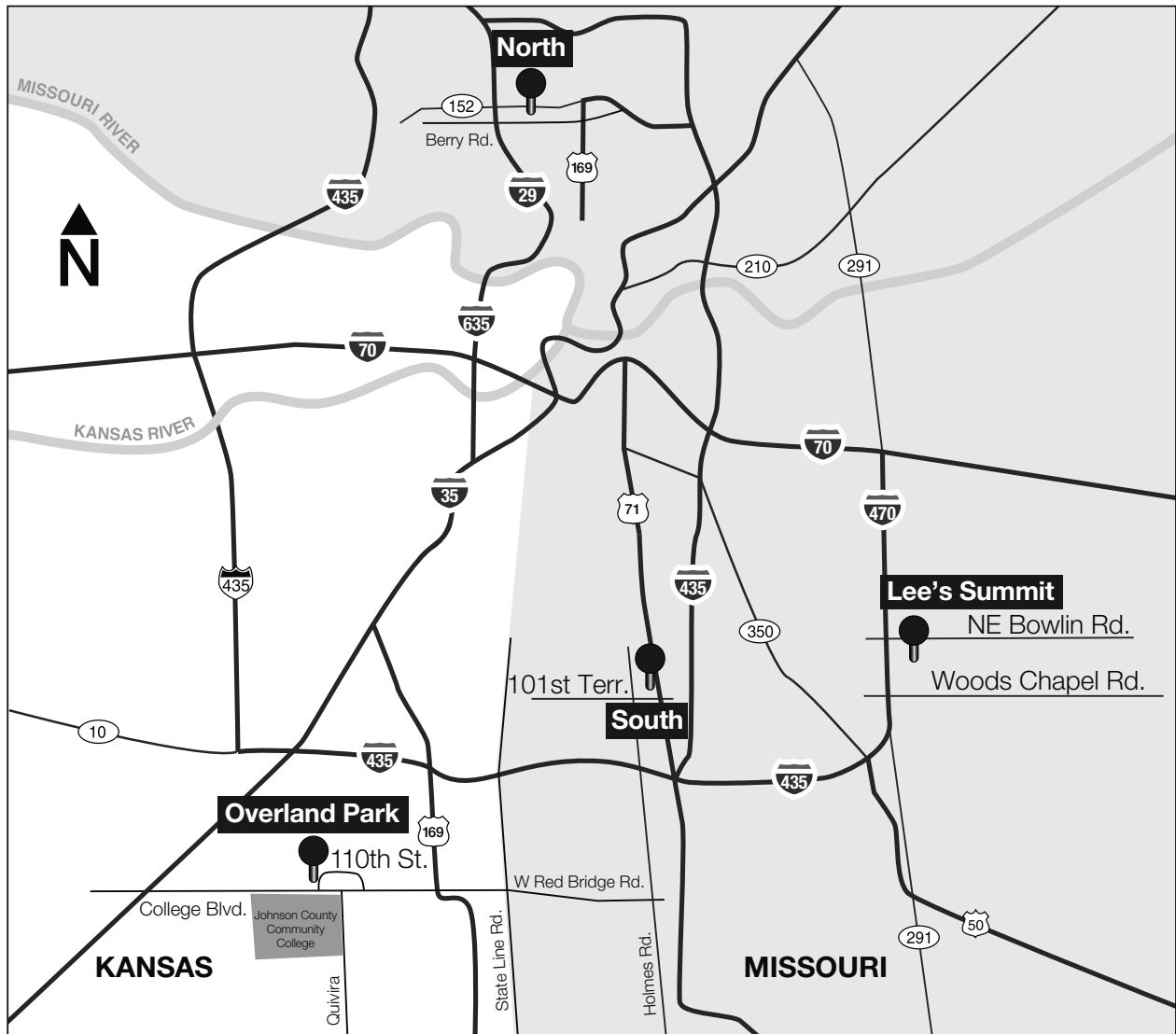
- Bone Scan (HDP/MDP 99mTc)
____ SPECT/CT Bone Scan (specify area/s): _____
- Bone Scan Triple Phase
- Gallium Scan
- Gastric Emptying
- Hemangioma Scan (RBC's)
- Hepatobiliary Scan
- I-123 MIBG Scan
- Iodine Whole Body Scan
- Liver/Spleen Scan
- MUGA
- Octreotide Scan
- Parathyroid Scan
- ProstaScint 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–Overland Park

12200 W 110th St.
Overland Park, KS 66210

- 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–South

1000 E 101st Terr.
Kansas City, MO 64131

- Bone Density Scan
- CT Scan
- Echocardiography
- Nuclear Medicine