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MRI, Nuc Med, XR, Ult Snd | PET, CT
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(865) 934-0944 Fax | (865)684-2619 Fax
Dr. Gash NPI # 1669475877 (BCBS only)

Patient Name: _____ Appointment Date: _____ Time: _____
 Phone(s): _____ DOB: _____ SSN: _____
 Insurance: _____ Policy#: _____ Group#: _____
 Preauthorization Number: _____ **** We'll be happy to obtain your precert for you. ****
 Diagnosis (ICD10 Code): _____ Chief Complaint/Symptoms: _____
 Referring Physician: _____ Signature: _____
 Office Phone: _____ Fax: _____ Scheduled by: _____

MRI PROCEDURES (3.0 & 1.5 Tesla)

**Maximum table weight: 550 lbs.

	Without Contrast	W/Without Contrast
<input type="checkbox"/> Brain	(70551)	(70553)
<input type="checkbox"/> MRA Brain	(70544)	
<input type="checkbox"/> Pituitary	(70551)	(70553)
<input type="checkbox"/> Orbits	(70543)	
<input type="checkbox"/> IAC's	(70551)	(70553)
<input type="checkbox"/> Face/Neck	(70540)	(70543)
<input type="checkbox"/> Shoulder	L R (73221)	(73223)
<input type="checkbox"/> Elbow	L R (73221)	(73223)
<input type="checkbox"/> Humerus/Upper Ex.	L R (73218)	(73220)
<input type="checkbox"/> Forearm/Upper Ex.	L R (73218)	(73220)
<input type="checkbox"/> Wrist	L R (73221)	(73223)
<input type="checkbox"/> Hip	L R (73721)	(73223)
<input type="checkbox"/> Thigh	L R (73718)	(73720)
<input type="checkbox"/> Knee	L R (73221)	(73223)
<input type="checkbox"/> Lower Leg	L R (73718)	(73720)
<input type="checkbox"/> Ankle	L R (73721)	(73223)
<input type="checkbox"/> Foot	L R (73718)	(73720)
<input type="checkbox"/> Chest	L R (71550)	(71552)
<input type="checkbox"/> Abdomen	(74181)	(70543)
<input type="checkbox"/> Cervical Spine	(72141)	(72156)
<input type="checkbox"/> Lumbar	(72148)	(72158)
<input type="checkbox"/> Pelvis	(72195)	(72197)
<input type="checkbox"/> Thoracic Spine	(72146)	(72157)
<input type="checkbox"/> MRA Other: _____		
<input type="checkbox"/> Other: _____		

NUCLEAR MEDICINE PROCEDURES

**Maximum table weight: 300 lbs.

- Whole body bone scan (78306)
- MUGA - single study (78472)
- Hida Imaging (78227)
- Hida with EF (78227)
- Bone scan - 3 phase (78315)
- Bone scan - limited (78300)
- VQ Scan (78582)
- Gastric Emptying (solid) (78264)
- Other Exam: _____

CT PROCEDURES

**Maximum table weight: 450 lbs.

	With Contrast	Without Contrast	W/Without Contrast
<input type="checkbox"/> Maxillofacial/Sinus		(70486)	(70488)
<input type="checkbox"/> Head / Brain		(70450)	(70470)
<input type="checkbox"/> Orbits		(70480)	(70482)
<input type="checkbox"/> Neck	(70491)	(70490)	(70492)
<input type="checkbox"/> Cervical Spine	(72126)	(72125)	(72127)
<input type="checkbox"/> Chest	(71260)	(71250)	(72170)
<input type="checkbox"/> Chest CTA	(72175)	(71250)	(72170)
<input type="checkbox"/> Thoracic Spine	(72129)	(72128)	(72130)
<input type="checkbox"/> Pelvis	(72193)	(72192)	(72194)
<input type="checkbox"/> Abdomen & Pelvis	(74177)	(74176)	(74178)
<input type="checkbox"/> Abdomen	(74160)	(74150)	(74170)
<input type="checkbox"/> Lumbar Spine	(72132)	(72131)	(72133)
<input type="checkbox"/> Upper Extremity	(73201)	(73200)	(73202)
Area: _____			
<input type="checkbox"/> Lower Extremity	(73701)	(73700)	(73702)
Area: _____			
<input type="checkbox"/> Virtual Colonography	(74262)	(74261)	
<input type="checkbox"/> Calcium Score	(75571)		
<input type="checkbox"/> LDCT/Lung Screening	(G0297)		
<input type="checkbox"/> Other Exam: _____			

X-RAY PROCEDURES

**Maximum table weight: 300 lbs.

- Skull (70260)
- Sinuses (70220)
- Cervical Spine, 2 Views (72040)
- Cervical Spine, Complete (72052)
- Thoracic Spine (72070, 72072)
- Lumbar Spine, 2 Views (72100)
- Lumbar Spine, Complete (72110)
- Chest, PA & LAT (71020)
- Chest, Single View (71010)
- Ribs, Bilateral (71110)
- KUB Abdomen (74000)
- Abdomen, 2 Views (74020)
- Hip, Bilateral w/AP Pelvis (73522)
- Pelvis (72170)
- Skeletal Survey, Complete (77075)
- Facial Bones (70150)
- Shoulder, 2 Views (73030)
- Humerus, 2 Views (73060)
- Forearm (73090)
- Hand, 3 Views (73130)
- Wrist (73110)
- Hip, 2 Views (73502)
- Femur (73552)
- Knee (73564)
- Tibia/Fibula (73590)
- Ankle (73610)
- Foot (73060)
- Other Exam: _____

PET/CT PROCEDURES

**Maximum table weight: 450 lbs.

- 78815 - PET/CT (Skull base to mid-thigh)
- 78816 - PET/CT (Whole Body)
- 78816 - PET/CT Sodium Fluoride Bone Scan
- 78608 - PET/CT FDG Brain Scan

Do you want Diagnostic CT scans with your PET/CT? Y N
 **CT's that are performed as a component of a PET/CT scan are used for attenuation correction and localization ONLY. They are not of a quality intended to be used for diagnostic purposes. If you would like to order diagnostic CT's, you must select the "YES" or "NO" box above.

Indication for study: (Please check one of the following.)
 Initial Treatment Strategy - includes diagnosing and initial staging of cancer.
 Subsequent Treatment Strategy - includes treatment monitoring, restaging, and detection of suspected recurrence of cancer.

Date of most recent:
 Chemotherapy: _____ Radiation Therapy: _____ Surgery: _____

ULTRASOUND PROCEDURES

- Thyroid (76536)
- Carotid (93880)
- Abdomen Complete (76700)
- Abdomen Limited (76705)
- Retro Limited (76775)
- Pelvic Trans abdominal (76856)
- Pelvic Transvaginal (76830)
- Limited Pelvic (76857)
- Venous Ultrasound - Unilateral (93971)
- Testicular (76870)
- Post Void Bladder (51798)
- Lower Arterial Bilateral Complete (93925 + 93922)
- Upper Arterial Bilateral Complete (93930)
- Ankle Brachial Index (ABI) (93922)
- Echocardiogram (93306)
- Venous US Bilateral (93970)

SCHEDULING REQUIREMENTS

Please fax within 24 hours after scheduling to (865) 934-0944

- Completed and signed order
- H&P and most recent office notes**
- Prior CT / NM / MR / XR Reports & CD
- Copies of Insurance Card(s)
- Biopsy/Pathology Results (for CT procedures ONLY)
- Please send images and reports to UT PACS/Powerchart