UAB ST. VINCENT'S

P.E.T. Center, LLC

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Bruno Cancer Center – 3rd Floor
Birmingham, AL 35205
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No appointment necessary.

Physician's Orders

Date: _____ Test time: _____

Patient's name: _____

DOB: _____ MR#: _____

- ☐ Chest X-ray, PA & Lateral
- ☐ KUB
- ☐ Skeletal Survey
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Sinus X-ray
- ☐ Pelvis
- ☐ Hip
- ☐ Upper extremity: _____
- ☐ Lower extremity: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Reason for the exam/Diagnosis (ICD-10 codes must be provided): _____

_____

For Medicare: If ICD-10 Codes do not meet the medical necessity requirements, Medicare may not cover the cost of the procedure. The patient will be asked to sign an ABN. Medicare determines the Medical Necessity Requirements.

Physician's signature: _____

Date: _____