



ASSOCIATES
of Tallahassee, P.A.

RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.

1600 Phillips Road, Tallahassee, FL
CT Scheduling: (850) 878-4127 • CT Fax: (850) 878-9729

CT ORDER

Patient Name _____ Date of Birth _____ Phone (H) _____

Address _____ Work # _____

Appointment Date & Time _____ Referral # _____ Cell # _____

Examination Requested _____

- 3D reformat images at Radiologist discretion
- Contrast at Radiologist discretion
- Perform blood creatinine per RAOT protocol if no labs done within 6 weeks* of scheduled study if patient has HTN, diabetes, single kidney, renal cancer, lupus, liver disease, or is 60 years or older.

**If patient has had blood creatinine labs within 6 weeks, please fax results to RAOT.*

Pertinent History _____

ICD-9 Code(s) _____

IMPORTANT: MUST BRING THIS FORM WITH YOU TO YOUR APPOINTMENT!!
Please do not bring children to be left unattended.

Physician's Signature

PLEASE FAX COPY TO RADIOLOGY ASSOCIATES AND GIVE PATIENT A COPY

