



**LDCT FOLLOW-UP EXAM ORDER**  
Central Scheduling: 352-671-4300 • Fax: 352-732-8010  
www.raocala.com • webappointments@raocala.com

<b>PATIENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>PATIENT PHONE:</b>	

**FOLLOW-UP EXAM:**

- CT Chest without contrast . . . . .  3 month follow-up . . . . .  6 month follow-up
- CT Chest with contrast . . . . .  3 month follow-up . . . . .  6 month follow-up
- PET/CT Scan
- Other: \_\_\_\_\_

**DIAGNOSIS CODES:**

- R91.1 Solitary pulmonary nodule
- R91.8 Other non-specific abnormal finding of lung field

<b>PROVIDER NAME:</b>	<b>PHONE:</b>
<b>PROVIDER NPI:</b>	<b>FAX:</b>
<b>PROVIDER SIGNATURE:</b>	<b>DATE:</b>

**Fax order form to 352-732-8010 or email to webappointments@raocala.com  
For questions call: 352-671-4300**

**OFFICE USE ONLY**

<b>SUBMITTED BY:</b>	<b>DATE:</b>
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