

REFERRING PROVIDER

 Date: _____
 Ordering Provider (PRINT): _____
 Ordering Providers Signature: _____
 CC Provider: _____
 Phone: _____

PATIENT INFORMATION

 Patient Name: _____ DOB: _____
 Phone#: _____
 Parent name (if patient is a minor): _____

Please specify ICD-10 and narrative diagnosis:
 (Do not use unspecified, rule out, probable, possible, suspected or routine)

 STAT: Immediate Fax _____
 Provider number to contact for critical results:

PET / CT Exam Requested - Choose Radiotracer AND Body Area

<input type="checkbox"/> F-18 FDG (A9552) - For most cancers; exceptions below	<input type="checkbox"/> 78815 Skull to Thigh <input type="checkbox"/> 78816 Whole / Total Body (AKA Head to Toe) <input type="checkbox"/> 78608 Brain Only
<input type="checkbox"/> F-18 FDG (A9552) Brain - Alzheimer's / Dementia Evaluation with NeuroQ Quantification	<input type="checkbox"/> 78608 Brain Only
<input type="checkbox"/> Ga-68 PSMA Gozellix (A9616) - Prostate (suspected cancer recurrence) <input type="checkbox"/> F-18 PSMA Pylarify (A9595) - Prostate (suspected cancer recurrence)	<input type="checkbox"/> 78815 Skull to Thigh
<input type="checkbox"/> Cu-64 Dotatate (Detectnet-A9592) - Neuroendocrine Tumor <input type="checkbox"/> Ga-68 Dotatate (NetSpot-A9587) - Neuroendocrine Tumor <input type="checkbox"/> Radiologist Preference for Isotope Note to ordering provider: Somatostatin analogs need to be withheld <ul style="list-style-type: none"> • Long Acting: 28 days • Short Acting: 2 days 	<input type="checkbox"/> 78815 Skull to Thigh

Reason for PET Study:

-
- Initial Treatment Strategy (diagnosis / initial staging)
-
-
- Subsequent Treatment Strategy (restaging / monitoring / recurrence)

Nuclear Medicine
Lymphatics

-
- Sentinel Node Injection
-
-
- Sentinel Node Inj w/ imaging - Breast
-
-
- Sentinel Node Inj w/ imaging - Melanoma
-
- Site: _____
-
- Circle one:**
- Right / Left
-
- Surgery Time: _____

Skeletal

-
- Whole Body Bone Scan
-
-
- Bone Limited _____ (Body Part)
-
-
- Bone Multiple _____ (Body Part)
-
-
- 3 Phase _____ (Body Part)
-
-
- SPECT _____ (Body Part)

Respiratory

-
- Pulmonary Perfusion
-
-
- Pulmonary Ventilation / Perfusion (VQ)
-
-
- W / Quantification
-
-
- Other: _____
-
- Note: Must have Chest X-ray within last 24hrs
-
-
- CXR 2 view

Nervous

-
- Cisternography
-
-
- Cerebral Blood Flow
-
-
- Other: _____

Genitourinary

-
- Renogram
-
-
- Renogram w/ Captopril
-
-
- Renogram w/ Lasix
-
-
- Cystogram
-
-
- Other: _____

Gastrointestinal

-
- Gastric Emptying
-
- 1hr
-
- 4hr
-
-
- GI Bleed
-
-
- HIDA & CCK
-
-
- Liver Spleen Imaging
-
-
- Meckels Imaging
-
-
- Other: _____

Radiogland Therapy

-
- Pluvicto +consult
-
-
- Other: _____

Endocrine

-
- Parathyroid Imaging
-
-
- Parathyroid Injection only
-
- Surgery Date & Time: _____
-
-
- I-123 Uptake & Scan (Include lab results)
-
- Most thyroid patients need to be removed from thyroid meds for 1-3 weeks or longer depending on the medications.*

The following exams have restrictions.
Please include patient contact information, lab results, and H&P. Nuclear medicine staff will call patient to finalize appointment times and preparation

-
- I-131 WB Scan (Follow-up for cancer)
-
-
- I-131 Therapy (for hyperthyroidism)
-
-
- I-131 Ablation w/ WB Scan (For Cancer)

PLACE PATIENT STICKER HERE

