

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

☐ **F-18 FDG (A9552)** - For most cancers; exceptions below

☐ **78815** Skull to Thigh

☐ **78816** Whole / Total Body (AKA Head to Toe)

☐ **78608** Brain Only

☐ **F-18 FDG (A9552) Brain** - Alzheimer's / Dementia Evaluation with NeuroQ

☐ **78608** Brain Only

☐ **Ga-68 PSMA Gozellix (A9616)** - Prostate CA

Gleason Score: _____

☐ **F-18 PSMA Pylarify (A9595)** - Prostate CA

Last 2 PSA results: _____

Required ICD-10 codes:

☐ C61 Active prostate cancer (Suspected Metastasis)

☐ Z85.46 History of prostate cancer (Suspected Recurrence)

☐ R97.21 Rising PSA following treatment for prostate cancer

☐ **78815** Skull to Thigh

☐ **Ga-68 Dotatate (NetSpot-A9587)** - Neuroendocrine Tumor

☐ **Cu-64 Dotatate (Detectnet-A9592)** - Neuroendocrine Tumor

☐ **Radiologist Preference for Isotope**
☐ **78815** Skull to Thigh

Somatostatin analogs need to be withheld, Long Acting: 28 days, Short Acting: 2 days

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

