

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Oncologic FDG-PET/CT Imaging**

Patient Name _____ Date of Study _____
 DOB _____ Social Security No. _____ Gender _____ Weight _____ lbs
 Patient's Address _____
 City, State, Zip _____ Patient's Phone _____
 Physician _____ Physician's Phone/Pager _____
 Type of Insurance: _____ Precert. # (if applicable) _____
 Previous CT or MRI? _____ Where? _____ Date? _____
 Previous PET Study? _____ Where? _____ Date? _____
 Diabetic No Yes Diabetic Medication: _____

STUDY REQUESTED (Check One)

- Standard body study (skull base to proximal thigh)
Special (non-standard) body studies
 Limited body study (e.g., chest only)
 Head and neck cancer study (skull vertex to thighs)
 Myeloma study (skull vertex to below knees)
 Whole-body study (skull vertex to toes)
 For known or suspected lower extremity tumors
 Dedicated Brain study (for brain tumor)

INSTRUCTIONS FOR MD OFFICE AND PATIENT

- Low carbohydrate diet on day before study
- No food after midnight if study time is before 1:00 p.m.
- No food after 7:00 a.m. if study time is after 1:00 p.m.
(patient may eat a light breakfast before 7:00 a.m.)
- Drink only plain, unflavored water on day of study
- Foley catheter will be placed prior to body PET study if pelvic disease considered likely
- Outside studies for comparison should be uploaded to LILA and nominated as reference images

SPECIFIC REASON FOR PET STUDY (Check One)

Type of Cancer _____ **Histologically Proven** **Suspected**

<input type="checkbox"/> Diagnosis: To determine if suspicious lesion is cancer _____ Pulmonary nodule _____ Other (specify) _____ <input type="checkbox"/> Diagnosis: To detect an occult primary tumor: _____ In patient with known/suspected metastatic disease _____ In patient with suspected paraneoplastic syndrome <input type="checkbox"/> Initial Staging of confirmed, newly diagnosed cancer <input type="checkbox"/> Monitoring Response during treatment _____ Chemotherapy _____ Radiotherapy _____ Other (type) _____	<input type="checkbox"/> Restaging after completion of therapy _____ Chemotherapy _____ Radiotherapy _____ Other (type) _____ <input type="checkbox"/> Suspected Recurrence of a previously treated cancer: Site of suspected recurrence is _____ based on _____ <input type="checkbox"/> Surveillance of a previously treated cancer in a patient with no known residual disease (Not Covered By Most Insurers)
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Additional History or Instructions: _____

Physician Signature _____ Date _____

For scheduling, please call 362-4PET (362-4738) or 888-362-4PET (888-362-4738) Please FAX this form (and recent office notes, radiology reports and pathology reports if not available in BJH/WU electronic records) to 362-1032 after patient's examination has been scheduled.

SECOND PAGE MUST BE COMPLETED FOR MEDICARE PATIENTS

ADDITIONAL INFORMATION REQUIRED IF MEDICARE IS PATIENT'S PRIMARY INSURANCE

Medicare provides coverage for oncologic PET studies performed for most clinical indications. If you have any questions regarding the validity of a referral, contact our physicians directly at (314) 362-4PET (362-4738) or (888) 362-4PET.

Please check the appropriate covered indication:

Covered: Cancer Diagnosis or Initial Staging: Covered for essentially all cancer types (one study per patient per cancer), except for prostate cancer, diagnosis of breast cancer and cervical cancer, and regional nodal evaluation of breast cancer or melanoma.

Covered: Restaging/Detection of Suspected Recurrence or Treatment Monitoring: Covered for essentially all cancer types. However, coverage for prostate cancer is only for patients with castration-resistant disease.

If request is for prostate cancer, does patient have castration-resistant disease? Yes No

Medicare does not cover FDG-PET/CT for surveillance of patients with previously treated cancer who have no evidence to suggest active disease.

Physician Signature _____
(A *physician*'s signature is required)

Date: _____

Patient Name _____

DOB: _____

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