IN-111 PROSTASCINT® IMAGING TELEPHONE SCHEDULING

Patient: _____ **Birthdate**: _____

Telephone: _____

Referring Physician/Contact: _____ **Telephone/Beeper**: _____

Pertinent History:

Has patient had prostatectomy? ☐ Yes ☐ No

Has patient had prostatic radiation therapy? ☐ Yes ☐ No

Tumor Gleason Score: _____

Result of Other Imaging Studies (Bone Scintigraphy, CT, MRI):

PSA Values (ng/mL):

Date _____ Result _____

What was nadir value of PSA after surgery or radiation? _____

CHECKLIST (All must be verified before study can proceed)

1. Referring Physician understands that In-111 ProstaScint is very expensive? ($3,671 drug change + minimum $3,700 imaging charge)
   YES ☐
2. Does the patient require pre-certification for this test?
   YES ☐ **NO** ☐
3. Referring physician also understands that patient must be able to return for imaging at 4 to 6 days post-injection.
   YES ☐
4. Patient has not received radiation therapy within 6 months of study?
   CONFIRMED _____
5. Date for study confirmed with Radiopharmacy _____; Floor Supervisor _____
6. Front desk notified of patient on schedule?
   YES _____

   In general, only one patient should be scheduled per day. Mon - Fri; Thurs - Mon; Fri - Tues combinations are acceptable.

DATES TEST TO BE PERFORMED: Injection_____ Delayed Imaging_____

_____ _____

Date Scheduling Nuclear Medicine Physician

Rev. 27 Dec 2013