

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital**  
**Physician Request Form for Prostate Cancer (C-11 Choline or FACBC) PET/CT**

Patient Name \_\_\_\_\_ Date of Study \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Patient's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Patient's Phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone/Pager P \_\_\_\_\_ B \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Precert. # (if applicable) \_\_\_\_\_

**STUDY REQUESTED**

**Standard body study** (skull base to proximal thighs)  
[CPT 78815]

Specify whether study is to be done with:

- Either agent C-11 choline (Drug code A9515)
- C-11 choline (Drug code A9515)
- F-18 Fluciclovine (FACBC) (Drug Code A4641)

**INSTRUCTIONS FOR MD OFFICE AND PATIENT**

- Nothing by mouth, except for water, for at least 6 hours before appointment time
- The patient should be well hydrated

**SPECIFIC REASON FOR PROSTATE CANCER PET/CT (Check One)**

**Suspected Recurrence** of previously treated prostate cancer

**Initial Staging** of confirmed, newly diagnosed medium- or high-risk prostate cancer

**(This off-label indication is NOT covered by Medicare and may not be covered by other insurers.)**

When was prostate cancer diagnosed? \_\_\_\_\_ Gleason Score \_\_\_\_\_ Original PSA \_\_\_\_\_ ng/mL

Treatment (check all that apply/indicate year):  Rad. prostatectomy \_\_\_\_\_  Radiation \_\_\_\_\_

ADT \_\_\_\_\_  Other (specify): \_\_\_\_\_

No treatment yet for prostate cancer

PSA nadir after treatment (if applicable) \_\_\_\_\_ ng/mL Current PSA \_\_\_\_\_ ng/mL Date \_\_\_\_\_

Results of other imaging studies (summarize or attach reports):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional History or Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_

**Please FAX this form (and recent office notes, radiology reports, and pathology reports if not available in BJH/WU electronic records) to 314-362-1032 and a representative from the PET Department will call the patient to schedule the examination.**

**If you have questions please call 314-362-4PET (314-362-4738) or 888-362-4PET (888-362-4738).**