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 Male _____ 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 (Check One)

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

Specify whether study is to be done with:

- ☐ Either agent (based on availability)
- ☐ C-11 choline (Drug code A9515)
- ☐ F-18 Fluciclovine (FACBC) (Drug Code A9588)

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 (specifiy): _____

☐ No treatment to date 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 _____

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) to
314-362-1032 after patient's examination has been scheduled

12 June 2017