

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR I-123 IOFLUPANE (DaTscan™) IMAGING

Instructions: Fax completed form to (314) 362-1032. We will call back to confirm the location, date and time for the study. Call 314-362-4PET (314-362-4738 if you have questions.

Patient: _____ **Sex:** ____ **Birth Date:** _____ **Phone** _____

Referring Physician: _____ **Phone/Pager:** _____

Requested Date of Imaging? _____ **Office Contact Phone:** _____

[Please note that I-123 Ioflupane must be ordered 6 days before date of study.]

Pertinent History and Results of Other Imaging Studies:

[Or attach relevant records]

List **ALL** Current Medications (including OTC drugs) or attach a medication sheet:

Please Confirm the Following:

Patient has not taken any of the following for at least 2 weeks before study: **CONFIRMED** _____

- Drugs for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (e.g., Adderall XR®, Ritalin®)
- Antipsychotics
- Antidepressants with potential dopaminergic effects (e.g., Wellbutrin®, Zoloft®)
- Cocaine
- Weight-loss medications or appetite suppressants
- Smoking cessation medications.

Patient does not have known renal or hepatic failure. **CONFIRMED** _____

Patient does not have known sensitivity to iodides (we pre-treat with potassium iodide to block thyroid uptake of free I-123). **CONFIRMED** _____

If the Patient is a Female, Indicate: Beta-HCG will be obtained on _____ **OR**

Patient is: Premenarchal Postmenopausal S/P Tubal Ligation/Hysterectomy

[Pregnancy test must be obtained in all women of childbearing potential and should be obtained as close as possible (≤ 7 days) to date of I-123 DaTscan™ administration. Fax Beta-HCG results if not in BJC Clinical Desktop.]

Lactating or Breast Feeding? Yes No

NOTE: I-123 Ioflupane is very expensive and expires soon after delivery for use. Thus, it is essential that patient not take any potentially interfering medications, keeps the appointment for the study, and be able to undergo imaging at 3-6 hours post injection.

Pre-certification may be necessary

Date Requesting Physician Signature

M.D.

Nuclear Medicine Physician Signature

Check for current form at:

<http://gamma.wustl.edu/division/clinical-information.html>

Study Date:

Revised 09/20/2019

For Nuclear Medicine Use Only