

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

**Instructions:** Fax completed form to (314) 454-8254. We will call back to confirm the location, date and time for the study. Call (314) 454-7997 if you have questions.

**Patient:** \_\_\_\_\_ **Sex:** \_\_\_\_ **Birth Date:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Phone/Pager:** \_\_\_\_\_

**Requested Date of Imaging?** \_\_\_\_\_

*[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

M.D.

Check for current form at:

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

Study Date:

Revised 09/22/2016

For Nuclear Medicine Use Only