

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Oncologic Body FDG-PET/MRI

Patient Name _____ Date of Study _____
Birthdate _____ Gender _____ Weight _____ lbs Height _____
Patient Address _____ City, State, Zip _____
Patient's Phone (Home) _____ Alternate Number _____
Physician _____ Physician's Phone/Pager _____
Type of Insurance _____ Precert # (if applicable) _____
Previous PET OR MRI Study Date _____ Outside Study? _____ Images in LILA? _____
Diabetic No Yes Diabetic Medications _____

Does the patient have brain aneurysm clip? Yes No Does the patient have a pacemaker? Yes No
Does the patient have a cochlear or stapes implant? Yes No Does the patient have a defibrillator? Yes No
Does the patient have injury to the eye involving metal or metal shavings? Yes No

PET STUDY REQUESTED (Check One)

- Standard body study (skull base to proximal thigh)
Special (non-standard) body studies
 Limited body study (e.g., chest only)
 Head and neck cancer study (skull vertex to thighs)
 Myeloma/Melanoma study (skull vertex to below knees)

INSTRUCTIONS FOR MD OFFICE AND PATIENT

- Low carbohydrate diet on day before study
- No food after midnight if study time is before 1:00 p.m.
- No food after 7:00 a.m. if study time is after 1:00 p.m.
(patient may eat a light, low carbohydrate breakfast before 7:00 a.m.)
- Drink only plain (unflavored) water on day of study
- Outside studies for comparison should be uploaded to LILA and nominated as reference images

DEDICATED MRI STUDY REQUESTED (Must Check at Least One)

- Chest (71552) Abdomen and Pelvis (74183 & 72197)
 Abdomen (74183) Head and Neck (70543)
 Pelvis (72197) Other _____
 Myeloma MRI Protocol (Lumbar Spine and Pelvis) (72158 & 72197)
 Pediatric MRI Protocol (Standard) Pediatric Dedicated MRI Protocol (Choose from the above list)

INDICATION FOR PET/MRI. Include sufficient history to document why both PET and MRI are required.

Physician Signature _____ Date _____

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 if not available in
BJH/WU electronic records) to
362-1032 after patient's examination has been scheduled.

SECOND PAGE MUST BE COMPLETED FOR MEDICARE PATIENTS

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ADDITIONAL INFORMATION REQUIRED IF MEDICARE IS PATIENT' S PRIMARY INSURANCE

Medicare provides coverage for oncologic PET studies performed for most clinical indications.

If you have any questions regarding the validity of a referral, contact our physicians directly at (314) 362-4PET (362-4738) or (888) 362-4PET.

Please check the appropriate covered indication (or specify the requested registry-covered indication):

- Covered: Cancer Diagnosis or Initial Staging: Covered for essentially all cancer types for one study per patient per cancer, except for prostate cancer, diagnosis of breast cancer and cervical cancer, and regional nodal evaluation of breast cancer or melanoma. Repeat studies may be covered at local Medicare contractor discretion.**

- Covered: Restaging/Detection of Suspected Recurrence or Treatment Monitoring: Covered for all cancer types for three studies per patient per cancer. Additional studies may be covered at local Medicare contractor discretion.**

Medicare does not cover FDG-PET/CT for surveillance of patients with previously treated cancer who have no evidence to suggest active disease.