

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Oncologic Ga-68 Dotatate-PET/CT Imaging

Patient Name _____ Date of Study _____

DOB _____ Gender _____ Weight _____ lbs

Patient's Address _____

City, State, Zip _____

Patient's Phone _____

Physician _____

Physician's Phone/Pager _____

Type of Insurance: _____

Precert. # (if applicable) _____

Previous CT or MRI? _____

Where? _____ Date? _____

Previous PET Study? _____

Where? _____ Date? _____

STUDY REQUESTED (Check One)

Standard body study (skull vertex to proximal thigh)

Special (non-standard) body studies

Limited body study (e.g., chest only)

Whole-body study (skull vertex to toes)
 For known or suspected lower extremity tumors

Dedicated Brain study (for brain tumor)

INSTRUCTIONS FOR MD OFFICE AND PATIENT

- Patient should be instructed to push oral fluids on the day of the study.
- CDs of outside studies for comparison should be brought by the patient to the department on day of study

SPECIFIC REASON FOR PET STUDY (Check One)

Type of Cancer _____ **Histologically Proven** **Suspected**

Diagnosis: To determine if suspicious lesion is cancer
 (specify) _____

Diagnosis: To detect an occult primary tumor:
 _____ In patient with known/suspected metastatic disease
 _____ In patient with suspected paraneoplastic syndrome

Initial Staging of confirmed, newly diagnosed cancer

Monitoring Response during treatment
 _____ Chemotherapy _____ Radiotherapy
 _____ Other (type) _____

Restaging after completion of therapy
 _____ Chemotherapy _____ Radiotherapy
 _____ Other (type) _____

Suspected Recurrence of a previously treated cancer: Site of suspected recurrence is

 based on _____

Surveillance of a previously treated cancer in a patient with no known residual disease
(Not Covered By Most Insurers)

Additional History or Instructions: _____

Physician Signature _____ Date _____

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)