

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

Patient Name _____ Requested Date of Study _____
 Birthdate _____ Gender _____ Weight _____ lbs
 Patient Address _____ City, State, Zip _____
 Patient's Phone (Home) _____ Alternate Number _____
 Physician _____ Physician's Phone/Pager _____
 Type of Insurance _____ Precert # (if applicable) _____
 Previous CT OR MRI Study Date _____ Outside Study? _____ Images in LILA? _____
 Previous PET Study Date _____ Outside Study? _____ Images in LILA? _____

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 vertex to mid 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)

DEDICATED MRI STUDY REQUESTED (Must Check at Least One)

- Chest (71552) Abdomen & Pelvis (74183 & 72197) Pelvis (72197) Abdomen (74183)
 Head & Neck (70543) Other _____

INSTRUCTIONS FOR MD OFFICE AND PATIENT

- Patient should be instructed to push oral fluids on the day of the study. Patients with midgut tumors should have only clear liquids for 2 hours prior to study
- If patient is receiving octreotide (Sandostatin), the drug should be held for 24 hours before the test, if patient can tolerate. If patient is receiving long-acting octreotide (Sandostatin LAR), the test should optimally be scheduled just before the next treatment is due.
- Outside studies for comparison should be uploaded to LILA and nominated as reference images.

• Drink only plain (unflavored) water on day of study

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

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. The patient will then be notified of the date and time of their appointment. Questions? Call (314) 362-4PET (314-362-4738) or 888-362-4PET (888-362-4738).