

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for F-18 Fluoride Bone PET/CT Imaging**

Patient Name _____ Date of Study _____
 DOB _____ Social Security No. _____ 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? _____
 Previous bone scan? _____ Where? _____ Date? _____

STUDY REQUESTED (Check One)

- Standard body study (vertex to mid-calf) Whole-body study (vertex to toes)
 For known or suspected lower extremity disease
 distal to mid-calf
- Limited study (e.g., lumbar spine only)

SPECIFIC REASON FOR PET STUDY

<i>ONCOLOGIC INDICATION</i> F-18 FLUORIDE PET IS NOT COVERED BY MEDICARE	
Type of Cancer _____ <input type="checkbox"/> Histologically Proven <input type="checkbox"/> Suspected	
<input type="checkbox"/> Diagnosis of suspected osseous metastatic disease without a pathologically diagnosed cancer <input type="checkbox"/> Initial Staging of confirmed, newly diagnosed cancer <input type="checkbox"/> Monitoring Response during treatment _____ Chemotherapy _____ Radiotherapy _____ Other (type) _____ <input type="checkbox"/> Restaging after completion of therapy _____ Chemotherapy _____ Radiotherapy _____ Other (type) _____	<input type="checkbox"/> Suspected Recurrence or Progression of a previously treated cancer: Site of suspected recurrence or progression is _____ based on _____ <input type="checkbox"/> Surveillance of a previously treated cancer in a patient with no known residual disease <i>(Not covered by most insurers)</i>
<i>NON-ONCOLOGIC INDICATION</i>	
Specify reason for study: _____	

Additional History or Instructions: _____

Physician Signature _____

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).