

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital**  
**Physician Request Form for F-18 Fluoroestradiol (FES) PET/CT**

Patient Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Patient's Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Precert. # (if applicable) \_\_\_\_\_

**STUDY REQUESTED**

- Standard body study (skull base to proximal thighs) [CPT 78815]
- Myeloma/Melanoma study (skull vertex to knees including arms (CPT 78815)

**INSTRUCTIONS FOR MD OFFICE AND PATIENT**

- Endocrine therapies that block ER: tamoxifen, raloxifene and toremifene should be stopped for 2 months and fulvestrant should be stopped for 4 months before FES-PET/CT

**Specific Reason for Study:** To document estrogen-receptor (ER) status of breast cancer that is now:

- Locally Recurrent**  **Metastatic**

**NOTE:** This test is not appropriate for liver-only or liver-dominant metastatic disease.

- I confirm the patient does not have liver-only/dominant disease.

**NOTE:** We recommend recent FDG-PET/CT for comparison in patients with bone-only/bone-dominant disease.

- Not applicable. Patient does not have bone-only/dominant disease.

- Patient has bone-only/dominant disease. FDG-PET/CT done recently; Date: \_\_\_\_\_

- Patient has bone-only/dominant disease. FDG-PET/CT ordered to be done first.

**NOTE:** This study cannot be done if patient is currently being treated with a SERM (tamoxifen, raloxifene, toremifene) or fulvestrant, or has had recent use of these drugs.

- I confirm no tamoxifen, raloxifene or toremifene within 2 months and no fulvestrant within 4 months.

- The patient has had recent tamoxifen or fulvestrant, and therefore this study cannot be performed.

Patient's tumor was confirmed to be ER positive by:  Primary tumor pathology  Metastatic lesion pathology.

Current site(s) of proven or suspected disease: \_\_\_\_\_

Current endocrine therapy (specify): \_\_\_\_\_

Excluding neoadjuvant and adjuvant therapy, what line of endocrine therapy is this for recurrent/metastatic disease:

- First:  Second:  Third or greater

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)**