

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Prostate Cancer PSMA-PET/CT**

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) _____

STUDY REQUESTED

Standard body study (skull vertex to mid thighs)
[CPT 78815]
Exam usually will be done with F-18 Piflufolostat (A9595)
See below

INSTRUCTIONS FOR MD OFFICE AND PATIENT

- The patient should be well hydrated

SPECIFIC REASON FOR PROSTATE CANCER PSMA-PET/CT (Check One)

- Initial Staging** for detection of suspected metastasis in patients with newly diagnosed unfavorable-intermediate-, high- or very high-risk prostate cancer who are candidates for initial definitive therapy
- Suspected Recurrence** of previously treated prostate cancer based on elevated PSA
- Verify PSMA Positivity** of metastatic prostate cancer before PSMA-targeted therapy
Specify type of PSMA-targeted therapy: _____
 Check if this indication requires that exam be done with Ga-68 PSMA-11 (A9597)

When was prostate cancer diagnosed? _____ Gleason Score _____ Original PSA _____ ng/mL

Treatment (check all that apply/indicate year): Rad. prostatectomy _____ Radiation _____

ADT _____ Other (specify): _____

No treatment yet for prostate cancer _____

PSA nadir after treatment (if applicable) _____ ng/mL Current PSA _____ ng/mL Date _____

Results of other imaging studies (summarize or attach reports):

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).