

**Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
Physician Request Form for Brain Amyloid PET Imaging**

Patient Name _____ Birthdate _____
Gender _____
Address _____
City, State, Zip _____ Physician _____
Patient's Phone _____ Physician's Phone/Pager _____
Date of Study _____ Type of Insurance: _____
Previous CT or MRI? _____ Where? _____ Date? _____
Previous PET Study? _____ Where? _____ Date? _____

Due to the high cost of the radiopharmaceutical that is ordered for this examination, it is essential that scheduled patients do not decide to opt out of the test when they arrive at the PET facility. Please explain this to your patient before referring them for the study.

For questions, please call 314-362-4PET (314-362-4738) or 888-362-4PET (888-362-4738)

Please provide ALL of the following information (and send copies of relevant records):

Year of symptom onset: _____
Clinical Dementia Rating (CDR), if available: _____
MiniMental State Examination (MMSE) score, if available: _____
Neuropsychological testing results, if available (please summarize): _____

Severity of cognitive impairment (check appropriate box):

Dementia: Very Mild Mild Moderate

Mild cognitive impairment

Other (specify) _____

Presumptive cause: Uncertain AD Possible AD Other (specify) _____

Results of CT or MRI (summarize or send a copy of report) _____

If available, provide CD of recent brain imaging studies performed at outside facilities to allow for direct comparison with the amyloid PET images.

Please complete and sign page 2 of this form:

Physician Request Form for Brain Amyloid PET Imaging (Page 2)

Patient Name _____ DOB: _____

Please initial each of the following:

I personally attest to the following and confirm that I have documentation to support the following:

Initials

The patient has cognitive decline for at least 6 months as documented by a combination of (1) history-taking from the patient and a knowledgeable informant and (2) an objective cognitive assessment, either a “bedside” mental status examination or neuropsychological testing.

The cognitive impairment represents a decline from previous levels of functioning for the patient, and is not explained by delirium or by major psychiatric disorder.

The patient evaluation did not clearly determine a specific neurodegenerative disease or other cause for the cognitive decline, and information available through PET amyloid imaging is reasonably expected to help clarify the diagnosis and help guide future treatment.

The patient has been evaluated by a physician experienced in the diagnosis and assessment of dementia.

Physician Signature _____

Date _____

(A *physician*'s signature is required)

Please FAX this form (and recent office notes, radiology reports, and other relevant reports, if not available in BJH/WU electronic medical records) to 314-362-1032 before calling to schedule the patient.

To schedule, please call 314-362-4PET (314-362-4738) or 888-362-4PET (888-362-4738).