



5300 Indian Creek Pkwy
Overland Park, KS 66207
Phone: (913) 469-8998
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Please Include: PATIENT INSURANCE, DEMOGRAPHICS and CLINICAL NOTES

Patient Name: _____ D.O.B. _____ Date: _____

Cell Phone: _____ Alt Phone: _____ Diagnosis/ICD-10 Code: _____

Gender at Birth: Male/ Female Height: _____ Weight: _____

Diabetes: Y / N **Please Include a list of ALL medications and dosage with order.**

Patient History: _____

Referring Physician: _____ Physician Phone: _____

Physician Signature: _____ Call Report Phone: _____

Additional Patient Information, Clinical History and Symptoms:

Recent surgery to area of interest: Y / N If yes, date of surgery: _____

Radiation Therapy: Y / N If yes, most recent date of service: _____

Chemo Therapy: Y / N If yes, most recent date of service: _____

Recent relevant imaging (circle all that apply): CT MRI NM PET Other: _____

**please send prior radiology reports and images*

EXAM INFORMATION - CHOOSE RADIOTRACER AND BODY AREA

PET/CT is routinely used for tumor imaging of the body. This exam includes a non-contrast CT scan that is for attenuation correction only. *Please note: oral contrast may be administered at the discretion of the radiologist.*

☐ **FDG** - For most cancers and neurologic disease

Select one →

☐ 78814 - brain lesion

☐ 78815 - base of skull to thighs

☐ 78816 - scalp-toes for melanoma/myeloma

☐ **F-18** ☐ Pylarify - for staging (initial or restaging)

☐ Posluma - bladder neck recurrence

78815 - base of skull to thighs

☐ **G-68** ☐ Illucix - for PSMA positive lesions in prostate cancer patients

78815 - base of skull to thighs

☐ **F-18** Fluciclovine (Axumin) - for prostate cancer recurrence with rising PSA

78815 - base of skull to thighs

☐ **Cu64** Dotatate (Detectnet) - for neuroendocrine tumor

78815 - base of skull to thighs

☐ **F-18** Fluoroestradiol (Cerianna) - for evaluation of ER+ lesions in recurrent breast cancer

78815 - base of skull to thighs

☐ **F-18** Florbetaben (Neuraceq) - for evaluation of beta amyloid plaque/Alzheimer's dementia

78814 - brain, limited PET

☐ **F-18** Florbetapir (Amyvid) - for evaluation of beta amyloid plaque/Alzheimer's dementia

78814 - brain, limited PET

INDICATIONS FOR PET/CT TUMOR SCAN

☐ Initial Treatment Strategy (diagnosis/initial staging)

☐ Subsequent Treatment Strategy (restaging/monitoring)

☐ Other (please identify) _____