

5300 Indian Creek Pkwy Overland Park, KS 66207 Phone: (913) 469-8998

Fax: (913) 469-5695

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 medication	s and dosa	ge with orde	er.
Patient History:				
Referring Physician:			Physician Pl	hone:
Physician Signature:			Call Report	Phone:
Additional Patient Information, C Recent surgery to area of Inte Radiation Therapy: Chemo Therapy: Recent relevant imaging (circle al *please send prior radiology repo	rest: Y/N If yes, dat Y/N If yes, mo Y/N If yes, mo	te of surger est recent d est recent d	ate of servic	ce:
EXAM IMFORMATION - CHOOSE PET/CT is routinely used for tume attenuation correction only. Please F-18 FDG - For most cancers a	or imaging of the body. use note: oral contrast	This exam may be add — 7883 — 7883	ministered o 14 - brain les 15 - base of s	nt the discretion of the radiologist
F-18 Pylarify Poslum 78815 - base of skull to thighs		1A positive	lesions in pr	ostate cancer patients
F-18 Fluciclovine (Axumin) - fo 78815 - base of skull to thighs	or prostate cancer recu	ırrence with	n rising PSA	
Cu64 Dotatate (Detectnet) - for 78815 - base of skull to thighs		nor		
F-18 Fluoroestradiol (Cerianna 78815 - base of skull to thighs		R+ lesions in	recurrent b	oreast cancer
F-18 Florbetaben (Neuraceq) - 78814 - brain, limited PET	for evaluation of beta	amyloid pl	aque/Alzhei	mer's dementia
INDICATIONS FOR PET/CT TUMO	OR SCAN			
Initial Treatment Strategy (dia Subsequent Treatment Strate Other (please identify)		ng)		

REFERRING PROVIDER CHECKLIST

- ___ Medication list with dosage
- ___ Completed order
- ___ Copies of all insurance cards
- __ Copies of all CT, MRI and Nuclear Medicine reports
- ___ Relevant office notes and pathology reports

IMPORTANT: 48 HOURS MINIMUM IS REQUIRED TO CANCEL OR RESCHEDULE THIS EXAM

EXAM PREPARATION INSTRUCTIONS - RADIOTRACER SPECIFIC

F-18 FDG for Routine Oncology/Metabolic Evaluation

- 1. Nothing to eat or drink for 4 hours prior to your appointment time
- 2. Patient may drink only a small amount of water to take any necessary medication
- 3. Eat a low carbohydrate/no sugar diet beginning 24 hours prior to exam
- 4. No exercise or strenuous physical activity 24 hours prior to exam
- 5. No alcohol or smoking 12 hours prior to exam
- 6. Allow 2 hours at our facility for your PET/CT scan

F-18 PSMA positive lesions in prostate cancer patients with suspected metastasis and candidates for initial definite therapy and/or suspected recurrence based on elevated PSA levels

- 1. No prep required for this exam
- 2. Stay well hydrated

F-18 Fluciclovine (Axumin) Radiotracer for Prostate Cancer Recurrence

- 1. No strenuous activity 24 hours prior to exam
- 2. Nothing to eat or drink 4 hours prior to exam

Cu64 Dotatate (Detectnet) Radiotracer for Neuroendocrine Tumor

- 1. Drink plenty of water the day before and the day of the exam
- 2. Fasting is not required
- 3. Patients on LONG-ACTING SOMATOSTATIN treatment must schedule exam prior to next dose
- 4. Patients on SHORT-ACTING SOMATOSTATIN treatment should discontinue 48 hours prior to exam

F-18 Fluoroestradiol (Cerianna) Radiotracer for Evaluation of ER+ Lesions in Recurrent or Metastatic Breast Cancer

1. No prep required for this exam

F-18 Florbetaben Neuraceg Radiotracer for Evaluation of Beta Amyloid Plaque/Alzheimer's Dementia

1. No prep required for this exam

Element Medical Imaging PET/CT is located on the first floor of the **Kansas City Proton Institute** at 5300 Indian Creek Parkway, Overland Park, KS 66207

