



PET/CT Written Order Form

To schedule PET/CT studies please
 Call: 1-866-258-4PET (4738) or
 Fax: 1-617-603-8004

- **ATTLEBORO, MA**
at STURDY MEMORIAL HOSPITAL
Tax ID#: # 36-4819685
- BOSTON, MA**
at TUFTS MEDICAL CENTER
Tax ID#: 80-0715912
- BROCKTON, MA**
at SIGNATURE HEALTHCARE
Tax ID#: 32-0477114
- EMERSON HOSPITAL**
Tax ID#: 85-2016078
- FITCHBURG, MA**
Tax ID#: 04-3454298
- FRAMINGHAM, MA**
Tax ID#: 80-0715912
- HARWICH, MA**
Tax ID#: 26-3892846
- HEYWOOD, MA**
Tax ID # 88-1383061
- NEWBURYPORT, MA** at ANNA JAUQUES HOSPITAL
Tax ID#: #38-3989358
- NORTHAMPTON, MA** at COOLEY DICKINSON HOSPITAL
Tax ID#: #36-4827495
- PITTSFIELD, MA**
at BERKSHIRE MEDICAL CENTER – HILLCREST CAMPUS
Tax ID#: 36-4872927
- SANDWICH, MA**
Tax ID#: 26-3892846
- SPRINGFIELD, MA**
Tax ID#: 04-3454301
- WEYMOUTH, MA**
at SOUTH SHORE HOSPITAL
Tax ID#: 04-3548940
- WORCESTER, MA**
Tax ID#: 04-3454298
- MAINE**
- LEWISTON, ME**
at CENTRAL MAINE MEDICAL
Tax ID#: 30-0952705
- WELLS, ME**
at YORK HOSPITAL IN WELLS
Tax ID#: 81-5066570

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Weight: _____ Height: _____ Phone: _____ Cell: _____

Insurance Co: _____ Subscriber ID: _____

Authorization: _____ Valid Dates: _____ Translation Services Needed? YES NO

Requested Procedure: F18- FDG Imaging

78815 – Skull Base to Mid Thigh

- Solitary Pulmonary Nodule (8mm or larger)
- Lung Cancer
- Lymphoma
- Colorectal Cancer
- Esophageal Cancer
- Head & Neck Cancer
- Breast Cancer
- Thyroid Cancer
- Ovarian Cancer
- Tumor Imaging (Please indicate the tumor type)
- Bladder Cancer with Lasix
- Bladder Cancer without Lasix

78816 – Whole Body

- Melanoma
- Myeloma
- Sarcoma

78608 – Metabolic Brain

- Evaluation of tumor recurrence
- Refractory Seizures
- Alzheimer's disease (additional form required)

78459 – Myocardial Imaging

- Cardiac Sarcoidosis

Specialty/Procedures

78815 – Skull Base to Mid Thigh

- *NetSpot** - Gallium Ga 68 Dotatate
Neuroendocrine tumors
- Axumin** – Fluciclovine F-18
Recurring Prostate cancer
- *PSMA** – Pylarify F18 DCFpYL
Prostate cancer
- *PSMA** – Illuuccix Ga68-PSMA-11
Prostate cancer
- *Detectnet**- Copper 64 Dotatate
Neuroendocrine Tumors
- Cerianna**-Breast Cancer

*** Needs intake form**

PLEASE SELECT ONE: Initial Treatment (Initial Staging) Subsequent Treatment (Restaging)

Diagnosis (ICD-10 codes): _____

Facility location of previous CT/MRI: _____

Does patient have history of prior cancer? Yes No If yes, explain type and location of cancer: _____

REFERRING PHYSICIAN INFORMATION

Physician's Signature: _____ Phone #: _____

Physician's Name (please print): _____ Fax #: _____

Physician's NPI: _____ Appointment Date: _____ Time: _____

By signing this request form, I acknowledge full responsibility for the information that must be completed and maintained in this patient's medical record in my office. I have verified that all conditions described above have been met. Upon request I will make this documentation available to the provider and/or to CMS, its agents or other authorized personnel for review.

PLEASE HAVE PATIENT BRING ANY PREVIOUS CT, MRI, PET FILMS WITH THEM TO THEIR APPOINTMENT.

** Indicates a location where PSMA is not offered



Shields®

PET/CT



Fax: 617-603-8004

Ph: 866-258-4738

PSMA INTAKE FORM:

Patient Name: _____

DOB: _____

Staging

Biochemical failure (Restaging)

Gleason or Group Grade _____

PSA _____

PSA doubling rate _____

1. Is the intent to treat the patient with Pluvicto [Lutetium 177] YES NO

2. Does the patient have any symptoms: _____

3. Does the patient have any history of other malignancies _____

4. Does the patient have a neurogenic bladder or difficulty emptying his bladder YES NO

5. Is the patient hormone naïve YES NO

(Patient has not received hormone or ADT Therapy)

- a. *If patient IS hormone naïve – patient cannot start ADT/hormone therapy prior to PSMA PET/CT scan*
- b. *If patient is hormone naïve – and has started ADT – please contact either of the contacts below. Patients should receive PET PSMA scan within 1 week of starting. The earlier within that week the better.*

i. Haley Cammarata haleyma@shields.com 508-441-7858

6. Has the patient received hormone therapy or Androgen Deprivation Therapy (ADT)?

a. Medication and Date _____

Examples of ADT include but are not limited to:

- a. Leuprolide (Lupron, Eligard)
- b. Goserelin (Zoladex)
- c. Triptorelin (Trelstar)
- e. Degarelix (Firmagon)
- f. Relugolix (Orgovyx)

7. Is the patient castration resistant YES NO

(PSA increasing while on ADT?)