## **AXUMIN (F-18 Fluciclovine) PET/CT REFERRAL DATA SHEET**

Please note new location and contact information for CMIT

**Center for Molecular Imaging and Therapy** 

2120 Kings Highway Scheduling: 318-716-4001 Fax: 318-716-4075

PHYSICIAN:  print  print  print signature of referring physician  PRIORITY (check one):  ASAP (for staging, treatment or surgery planning)  SPECIFIC DATE:  DIAGNOSIS: Prostate Cancer (include date):  Prior treatment:  Surgery:  Yes / No Date:  Chemotherapy: Yes / No Date:  Cother: Yes / No Date:  Cotherical Yes / No Date:  PLEASE FAX CLINICAL DOCUMENTATION DETAILING PRIOR WORKUP AND MANAGEMENT INCLUDING PRIOR SCANS & LABS  ICD 10 (Please check all that apply)  Cother / No Date:  Responsible into a provide you with the application of prostate  Responsible into a provide you with the maximum possible information from your patient's PET/CT scan, it is critical that the clinical data on this form be available to the physicaln at the time of the study. it should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g., tumor marker levels), as well as results of recent biopsy or surgical pathology. Patients cannot be scheduled without the information on this form being completed and signed by the referring physical in (required by VMS (Medicare) and private insurance carriers).	PATIENT NAME:	
PRIORITY (check one):  ROUTINE (for restaging and follow up scans)  ASAP (for staging, treatment or surgery planning)  SPECIFIC DATE:		
PRIORITY (check one):		
Prior treatment:  Surgery: Yes / No Date:	•	ROUTINE (for restaging and follow up scans) ASAP (for staging, treatment or surgery planning)
Surgery: Yes / No Date:	,	
Radiation: Yes / No Date:		Ves / No Date:
Chemotherapy: Yes / No Date:	• ,	•
Hormonal: Yes / No Date: Other: Yes / No Date:  REASON FOR SCAN (DESIRED INFORMATION):  Current PSA: Date: Prior PSA: Date: Please FAX CLINICAL DOCUMENTATION DETAILING PRIOR WORKUP AND MANAGEMENT INCLUDING PRIOR SCANS & LABS  ICD 10 (Please check all that apply) C61		
REASON FOR SCAN  (DESIRED INFORMATION):  Current PSA: Date: Prior PSA: Date: PLEASE FAX CLINICAL DOCUMENTATION DETAILING PRIOR WORKUP AND MANAGEMENT INCLUDING PRIOR SCANS & LABS  ICD 10 (Please check all that apply)  C61	Hormonal:	
Current PSA: Date:	Other:	Yes / No Date:
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C61	PLEASE FAX CLINICAL DOCUMENTATION DETAILING PRIOR WORKUP AND MANAGEMENT INCLUDING	
Z85.46 Personal history of malignant neoplasm of prostate R97.21 Elevated PSA  I verify that this office has used Appropriate Use Criteria before ordering this PET/CT Scan: Yes No  This office has requested pre-authorization for CPT 78815 and HCPCS A9588. Yes No  In order to provide you with the maximum possible information from your patient's PET/CT scan, it is critical that the clinical data on this form be available to the physician at the time of the study. It should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g. tumor marker levels), as well as results of recent biopsy or surgical pathology. Patients cannot be scheduled without the information on this form	ICD 10 (Please check <u>all</u> that apply)	
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I verify that this office has used Appropriate Use Criteria before ordering this PET/CT Scan:   Yes   No  This office has requested pre-authorization for CPT 78815 and HCPCS A9588.   Yes   No  In order to provide you with the maximum possible information from your patient's PET/CT scan, it is critical that the clinical data on this form be available to the physician at the time of the study. It should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g. tumor marker levels), as well as results of recent biopsy or surgical pathology.  Patients cannot be scheduled without the information on this form	Z85.46	Personal history of malignant neoplasm of prostate
This office has requested pre-authorization for CPT 78815 and HCPCS A9588.   Yes No  In order to provide you with the maximum possible information from your patient's PET/CT scan, it is critical that the clinical data on this form be available to the physician at the time of the study. It should be supplemented with copies of an appropriate history and physical or clinical notes, copies of recent diagnostic imaging reports and relevant laboratory data (e.g. tumor marker levels), as well as results of recent biopsy or surgical pathology. Patients cannot be scheduled without the information on this form	R97.21	Elevated PSA
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Phone # \_\_\_\_\_

Person faxing information: