



Consultation Referral for Prostate

Prostate (Pluvicto®) Radiopharmaceutical Therapy includes dosimetry calculations after each treatment cycle to determine radiation uptake of the healthy organs which includes a SPECT/CT (initial uptake), a second SPECT/CT (early decay), and a 3rd SPECT/CT (late decay). A dosimetry report will be provided.

Prostate radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation Referral for Neuroendocrine

Neuroendocrine (Lutathera®) Radiopharmaceutical Therapy includes dosimetry calculations after each treatment cycle to determine radiation uptake of the healthy organs which includes a SPECT/CT (initial uptake), a 2nd SPECT/CT (early decay), and a 3rd SPECT/CT (late decay). A dosimetry report will be provided.

Neuroendocrine radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation Referral for Thyroid

Thyroid (I-131) Radiopharmaceutical Therapy includes +/- Thyrogen + imaging dose I-131 or I-123 + 1-3 pretreatment SPECT/CT's +/- Thyrogen + either low dose or high dose I-131 treatment + 1-3 SPECT/CT's for dosimetry + blood draw + follow-up visit (the "I-131 Cycle"). Dosimetry report will be provided.

I-131 radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation referral for Xofigo®

Bone Metastases Radiopharmaceutical Therapy (Xofigo®)

Diagnostic Imaging

PET/CT

Prostate (PSMA)
Neuroendocrine (DOTATATE)
Brain (FDG)
Brain (Amyloid)
Breast (Cerianna)
Diagnostic CT SCAN (Body Part)

Diagnostic Imaging Available August 2024

Malignancy (FDG)
Infection (FDG)
Cardiac (Perfusion PET)
Cardiac Sarcoid Assessment
Cardiac Myocardial Viability

SPECT/CT

Bone (MDP)
Renal (MAG3 or DTPA)
Adrenal Imaging (MIBG)
Hepatobiliary
Cardiac EF (MUGA)

Brief History

Patient Information

Patient Name DOB
Patient Address
City/State/Zip Primary Phone #
DPOA or Legal Guardian Name Primary Phone #

Referring Physician Information

Referring Physician / Advanced Practice Provider's Name
NPI # Clinic Name
Clinic Contact Name Phone Number

Signature

Please Note Our team will obtain the prior authorization and discuss coverage with your patient.
We will contact your clinic for the patient's records as we need them.