



Physician Order Form for Nuclear Medicine Imaging

FAX completed form to: 503-494-2879 Nuclear Medicine Scheduling Phone: 503-494-8468
Required information is indicated in **BOLD**, this request will be returned unscheduled if incomplete

Patient Information

Patient Name: (Last, First) _____ **DOB:** / / **Height:** _____ **Weight:** _____
OHSU Medical Record Number: _____ **Legal Sex:** M F **Phone:** _____
Insurance Plan: _____ Member Insurance #: _____

Physician and Order Information

Referring Physician Name: _____ **Signature:** _____

URGENT **ROUTINE**
 Radiology to call patient to schedule exam
NPI: _____
Office Contact: _____

Phone Number: _____
Fax Number: _____
Authorization Number: _____
Authorization Dates: _____ - _____

ICD-10 Code(s): _____
Diagnosis: _____

Prior PET/MRI Exam: Yes No
Pregnant: Yes No N/A

Other prior imaging studies: (Check all that apply) PET CT MRI US None Other _____
Diabetic? Yes No Renal Disease: Yes No Claustrophobic Yes No If Yes, Rx Anxiolytics
 Needs physical assistance: _____ Difficult IV Start/Needs IV Therapy MRI Contrast Allergy
Central Line: Port PICC Other _____ Needs interpreter - Language: _____
Results needed for next appointment? Yes No If yes, Next appointment date: _____ Time: _____

PET/MRI is typically performed with a dedicated MRI in addition. **Please indicate one or more exams.**

Brain PET/MRI
 Seizure Tumor Dementia Other: _____

Whole Body FDG PET/MRI or Skull-Base to Mid-Thigh
Please identify primary cancer:

PET/MRI PSMA Pylarify for Prostate Ca
 Axumin PET/MRI for Prostate Ca
 NETSPOT PET/MRI (Cu64 Dotatate) for Neuroendocrine Ca
 Cardiac PET/MRI
 Sarcoid Other: _____

Indication for PET/MRI Scan:
 Initial treatment strategy
 Subsequent treatment strategy
Other: _____

Please indicate dedicated Diagnostic MRI to be performed.

Brain MRI
 Cardiac MRI
 Abdomen MRI
 Pelvis MRI
 Other: _____

with IV contrast without IV contrast
 with and without IV contrast

Diagnosis/ICD-10 Code(s) for diagnostic PET/MRI Scan(s):

Additional clinical history and symptoms:

Please provide information about metal implants
(Implant/Make/Model): _____ Date implanted: _____

Physician Signature: _____ **(MD, DO, NP, PA) Date:** _____

Additional information and questions below:

PET/MRI: If the patient has had difficulty completing an MRI in the past, has an allergy to contrast, has implants or devices, or is pregnant, indicate on front of form.

Please indicate height and weight on order form and include measurements below if required.

PET/MRI table limit is 500lbs, measurements required on order form for patients 250lbs or above.

Measurements from elbow to elbow or widest part of body while lying flat on a hard surface: _____

Clinic Mailing Address (If Physical CD of Images is requested)

Clinic Name: _____

Street: _____

State: _____ Zip: _____

Provide FedEx info, if requesting expedited mailing: _____

REMINDERS:

- Please ask patient to call Nuclear Medicine scheduling at 503-494-8468 to schedule their imaging.
- If patient is new to OHSU or their insurance has changed, please have them call OHSU Registration at 503-494-8505 or 888-222-6478 and provide their insurance information prior to calling to schedule.
- Please confirm the authorization of the requested exam(s) has been obtained by the ordering clinic prior to the appointment.
- Anxiolytics for Claustrophobia/PTSD: General anesthesia and pediatric sedation are not available for PET/MRI. If your patient requires oral anxiolytics, please order these to be picked up from their local pharmacy. If oral anxiolytics have failed, required IV anxiolytics must be documented on the order form. Please indicate reason why patient requires medication to complete the scan: _____
- Patient must arrange transportation if they will be taking pain/anxiety medication. Patient must have a responsible adult (16 years or older) who is present at the time they are discharged. Patient may NOT drive. If patient plans to take public/private transportation, they must have a responsible adult with them.
- Some patients may require Orbits X-ray prior to PET/MRI
- Patients must bring a responsible person with them to supervise children and/or service animals that may be with them during their appointment.

Thank you for choosing OHSU Diagnostic Imaging Services

Our goal is to provide your patients with excellent care. If there is something we can do to accommodate their special needs, please let us know. Patients can provide their email address at the time of scheduling or at check-in to provide feedback on their experience.