

# Physician Order Form for Molecular Imaging and Therapy

FAX completed form to: 503-494-2879 Molecular Imaging and Therapy 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 below.**

### PET/MRI Exam Type

☐ Brain PET/MR (Select radiopharmaceutical and Indication)

#### **Radiopharmaceutical:**

☐ FDG ☐ Amyvid ☐ Dotatate ☐ Axumin

#### **Indication:**

☐ Seizure ☐ Tumor ☐ Dementia

☐ Other: \_\_\_\_\_

☐ FDG Whole Body

*Primary Cancer:* \_\_\_\_\_

☐ FDG Skull Base to Mid-Thigh

*Primary Cancer:* \_\_\_\_\_

☐ PSMA (Pylarify) Vertex to Mid-Thigh – Prostate Cancer

☐ Axumin Vertex to Mid-Thigh – Prostate Cancer

☐ Cu-64 Dotatate Vertex to Mid-Thigh – NET

☐ Cardiac PET/MRI – Sarcoid

### Indication for PET/MRI Scan (select one below)

☐ 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 Molecular Imaging and Therapy scheduling at 503-494-8468 to schedule their imaging.
- Molecular Imaging and Therapy can also be reached by email: [nucmed@ohsu.edu](mailto:nucmed@ohsu.edu)
- 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.*