

## Gallium-68 PET Scan for Neuroendocrine Tumors

## Physician Order / Referral Form

**Date** 

## IS THIS PATIENT APPROPRIATE FOR GALLIUM-68N

Mark All that Apply:

Patient is suspected of having or has been newly diagnosed with Neuroendocrine Cancer

Patient has recently completed treatment for Neuroendocrine Cancer

Patie	Patient has a prior history of Neuroendocrine Cancer				
PATIEN	T INFORMATION				
Patient Name		DOB		Phone	
Primary Insurance		Subscriber I	Subscriber ID		
Secondary Insurance		Subscriber I	Subscriber ID		
CODING	G & AUTHORIZAT	TIONS FOR GALLIUM- 68 PET SCAN			
78815 PETCT Authorization		A9587 Gal	A9587 Gallium Aut		
Diagnosis	s Code(s):				
SOMAT	OSTATIN USAGE				
Patient is	currently prescribed	l short-acting analogs of somatostatin	Yes	No	
Medication/Dosage		Last Treatment Date		Next Treatment Date	
Patient is currently prescribed long-acting analogs of somatostatin			Yes	No	
Medication/Dosage		Last Treatment Date		Next Treatment Date	
- Previous	Imaging				
	СТ	Location		Date	
	MRI	Location		Date	
	Bone Scan	Location		Date	
	PET/CT	Location		Date	

- In order to achieve maximum benefit from the examination, please include:
- Recent history/physical/office notes or progress reports
- Recent Labs (no more than 6 months old)
- Pathology Reports

**Ordering Physician Signature** 

- Surgical Records
- Share previous images to Nuance/PowerShare and provide corresponding radiology reports