

PET/CT Request form

Please press SEND after filling in or send by fax to 06841/ 16-1724666

FDG Whole Body
FDG Brain
PSMA (konvent. / with Zirkonium-89)
DOTATOC / JR 11/ LM3
FAPI

Amyloid
Cholin
Others

Desired Appointment:

Patient data:

Last name:
 First name:
 Date of birth:
 Street:
 ZIP-Code/City:
 Tel. (for scheduling)

in-patient out-patient

Health insurance status:

legal private
 direct payer
 TRICARE
 active duty retiree
 family member
 claim development worksheet
 Tricare authorization form

Indikation

(potentially) lung cancer
 lymphoma (NHL, Hodgkin)
 inflammation
 Others:

tumor search/ CUP
 head and neck cancer
 prostate cancer

sarcoidosis
 dementia assessment
 hyperparathyroidism

Clinical information:

Creatinin: mg/dl
Weight: kg

TSH: ml U/l
PSA: ng/ml (for PSMA-PET/CT)

- diabetes mellitus
 oral antidiabetics
 insulin-dependent Allergy
 to contrast agents
 Infectious patient

Metformin medication (discontinue 2 days before PET/CT)

Renal failure

Pathogen:

Requesting physician:

Tel.-No. / Pager:

Fax.:

Clinic / Dept.:

Stamp