# PROSTATE PET/CT ORDER FORM

**SCHEDULING**
P: 561.496.6935  
F: 561.496.6936  
See back for addresses

If faxing an order, please include:
- Demographics
- Insurance card
- Clinical notes

<table>
<thead>
<tr>
<th>Appointment date and time</th>
<th>Check-in time</th>
<th>Patient DOB</th>
<th>O M O F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient name (as shown on insurance card)</td>
<td>Primary phone #</td>
<td>Secondary phone #</td>
<td></td>
</tr>
<tr>
<td>Insurance name</td>
<td>Insurance ID #</td>
<td>Authorization #</td>
<td></td>
</tr>
</tbody>
</table>

- Private  
- Government  
- No insurance  
- Isotope: Pylarify PSMA PET/CT  
- Illuccix PSMA  
- 1st Available PSMA  
- Diagnosis: C61 Malignant Neoplasm of Prostate  
- R97.21 Rising PSA  
- Other

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.

<table>
<thead>
<tr>
<th>Clinical Decision Support (CDS)</th>
<th>Required for Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modifier (determination)</td>
<td>G-code (vendor)</td>
</tr>
</tbody>
</table>

Is the exam/procedure related to an injury?  
- No  
- Yes  
- Initial  
- Subsequent or  
- Sequela

## REQUIREMENTS FOR NEWLY DIAGNOSED PROSTATE CANCER PET/CT

- PSMA isotopes only approved for initial staging: PYLARIFY OR ILLUCCIX  
- Patient must be NCCN Guidelines Unfavorable intermediate risk for insurance requirement with a MINIMUM OF 2 INTERMEDIATE RISK FACTORS.  
- Biopsy results: _____________ cores positive out of _____________ total cores. INTERMEDIATE RISK FACTOR is greater than 50% positive.  
- Date of biopsy _____________  
- PSA _____________ Date _____________ INTERMEDIATE RISK FACTOR is PSA>10ng/dL  
- Gleason score: _____________ + _____________ . Must be greater than 4 + 3 for insurance approval. INTERMEDIATE RISK FACTOR is Gleason 4+3.

## REQUIREMENTS FOR RECURRENT DIAGNOSED PROSTATE CANCER PET/CT

- Approximate date of prostate cancer diagnosis  
- Has the patient completed prostate cancer treatment?  
  - Yes  
  - No  
  - If YES, choose type of treatment(s) and proceed. If active surveillance, stop, does not meet study criteria  
    - Surgery  
    - Prostatectomy  
    - Radiation therapy  
    - Chemotherapy  
    - Proton beam  
    - HIFU  
- Approximate date treatment was completed  
- Two most recent PSA post treatment dates and levels (most recent is within 3 months)
  - First recent PSA: _____________ Date: _____________  
  - Second recent PSA: _____________ Date: _____________  
- Is there a rise between the first most recent and the second most recent PSA?  
  - Yes, proceed  
  - No, stop, does not meet study criteria
- Is the most recent imaging (CT, MRI, bone scan) negative for metastatic disease?  
  - Yes, proceed  
  - No

## PROCESS TO REVIEW WITH THE PATIENT

1. Once all criteria are met and the order and documentation are received, RAYUS Radiology will call the patient to schedule the study.  
2. Once scheduled, when appropriate the patient must sign an ABN, a cancellation policy and a consent to charge credit card for the dose deposit. This must be done a minimum of 48 hours prior to the study via fax or onsite at one of our locations.  
3. Please contact your insurance company for cost. The dose can only be used once, for this one patient. Credit card, debit and check accepted. Payment plan for no-show is required.  
4. The patient must check-in at arrival time to avoid dose decay.  
5. The patient must cancel by 12:00 PM the day prior to the study to avoid being charged for the drug. Voicemail cancellation is not sufficient.

**REPORTING METHOD**
- O Report only via fax  
- O Provider portal  
- O CD with patient

<table>
<thead>
<tr>
<th>Provider name (print)</th>
<th>Provider location</th>
<th>Phone #</th>
<th>Fax #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider signature (required)</th>
<th>NPI # (required for new providers)</th>
<th>Date</th>
</tr>
</thead>
</table>

Do not use rubber stamp.
BOCA RATON
8142 Glades Rd.
Boca Raton, FL 33434

BOCA RATON WEST
23071 State Rd. 7
Boca Raton, FL 33428

BOYNTON BEACH EAST
1425 Gateway Blvd., Ste 100
Boynton Beach, FL 33426

BOYNTON BEACH WEST
6080 Boynton Beach Blvd., Ste 140
Boynton Beach, FL 33437

DELRAY BEACH
15340 Jog Rd., Ste 160
Delray Beach, FL 33446

PALM BEACH GARDENS
3601 PGA Blvd., Ste 100
Palm Beach Gardens, FL 33410

WELLINGTON
2565 S. State Rd. 7
Wellington, FL 33414

WELLINGTON
WOMEN’S CARE
2863 State Road 7, Ste 400
Wellington, FL 33414

WEST PALM BEACH
1572 Palm Beach Lakes Blvd., Ste 2
West Palm Beach, FL 33401

RAYUSradiology.com/DCA