



BAMF Health Inc. - Molecular Imaging Clinic - 109 Michigan Street NW, Suite #100 - Grand Rapids, MI 49503-2302
Phone: (888) 987-5515 - Fax: (616) 282-2042 - www.bamfhealth.com

Date Imaging Needs Completed: (Scans will be completed up to 10 days prior to this date)

PATIENT INFORMATION and HISTORY

☆ BAMF will obtain authorization for scan

Name: Date of birth: Male Female
Primary phone: Alternate phone: Height: Weight:
Iodinated contrast allergy? Yes No
Pregnant or Breastfeeding? Yes No
Patient diabetic? Yes No - Medications taken: None (Diet Controlled) Oral Meds (Metformin Yes No) Insulin
Patient ambulatory? Yes No If no, how much assistance is needed for mobility and transfers?
Recent surgery/biopsy - Specific site/approx. date:
Chemotherapy - Type and date of last treatment:
Radiotherapy - Type and date of last treatment:
XRT - Type and date of last treatment:
Recent relevant imaging - Type(s), date(s) and location(s):

PET/CT EXAM REQUESTED* - Please check the box for requested exam

*Please note that the CT in PET/CT is not diagnostic. It is for attenuation correction only.

- Ga-68 PSMA Imaging - for suspected prostate cancer metastases or recurrence-78815 or 78816
Ga-68 Dotatate - for neuroendocrine tumor - 78815 or 78816
F-18 FDG - for most cancers and neurologic diseases - 788815 or 78816
F-18 Fluciclovine - for prostate cancer recurrence - 78815 or 78816
F-18 NaF - bone metastases - 78816
**F-18 FDG - brain, tumor-related - 78814
**F-18 FDG - brain, dementia/seizure - 78608
**F-18 Florbetapir - for Alzheimer's dementia - 78814
**F-18 Fluoroestradiol - ER(+) detection in recurrent or metastatic breast cancer-78815 or 78816
**Other PET Imaging:

**Please call (888) 987-5515 for availability

BAMF Health collaborates with our clinical partners to empower our patients together. We utilize the cyclotrons within our on-site radiopharmacy to support drug development and numerous clinical trials increasing the availability of novel radiopharmaceuticals.

Let us know what other radiopharmaceuticals we can explore to continue to deliver the best clinical outcomes possible.

Was CDSM consulted for appropriate use? Yes No CPT M or Q Result Code G Code

Is diagnostic CT requested in addition to PET/CT? Yes No

Specify area(s): Neck Chest Abdomen / Pelvis Brain XRT planning Other

Contrast instructions: with contrast without contrast Contrast at discretion of the radiologist if not specified.

Current lab values for BUN, Creatinine and GFR are required within 30 days of scanning if IV contrast is requested.

Diagnosis: ICD-10:

Reason for study: Initial treatment strategy (diagnosis/initial staging) Subsequent treatment strategy (restaging/monitoring/recurrence)

Referring provider's printed name: Provider's NPI:

Referring provider's signature: Date:

REFERRING INFORMATION

Provider's Phone: Provider's Email: Fax to Send Report:

Name of Facility: Facility Contact: Facility Phone:

Fax additional copies of report to: Fax Number:

CHECK LIST FOR REFERRING PHYSICIAN'S OFFICE

- Completed order form (this form) Copies of CT, MRI, Nuc Med and PET reports
Relevant office notes and pathology reports Copies of all insurance cards Copy of last report for CT labs