



Consultation Referral for Prostate

- ☐ Prostate (Pluvicto®) Radiopharmaceutical Therapy includes dosimetry calculations after each treatment cycle to determine radiation uptake of the healthy organs which includes a SPECT/CT (initial uptake), a second SPECT/CT (early decay), and a 3rd SPECT/CT (late decay). A dosimetry report will be provided.
- ☐ Prostate radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation Referral for Neuroendocrine

- ☐ Neuroendocrine (Lutathera®) Radiopharmaceutical Therapy includes dosimetry calculations after each treatment cycle to determine radiation uptake of the healthy organs which includes a SPECT/CT (initial uptake), a 2nd SPECT/CT (early decay), and a 3rd SPECT/CT (late decay). A dosimetry report will be provided.
- ☐ Neuroendocrine radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation Referral for Thyroid

- ☐ Radioactive Iodine (RAI) Radiopharmaceutical Therapy consultation and treatment includes pretreatment iodine planning and post treatment iodine dosimetry calculations after administration to determine radiation uptake of the healthy organs. A dosimetry report will be provided.
- ☐ I-131 radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)

Consultation Referral for Xofigo®

- ☐ Bone Metastases Radiopharmaceutical Therapy (Xofigo®)

Patient Information

Patient Name _____ DOB _____ Primary Phone # _____
Address _____ City/State/Zip _____
DPOA or Legal Guardian Name _____ Primary Phone # _____

Referring Physician Information

Referring Physician / Advanced Practice Provider's Name _____
NPI # _____ Clinic Name _____
Clinic Contact Name _____ Phone # _____
Signature _____

***Please Note - Our team will obtain the prior authorization and discuss coverage with your patient.
We will contact your clinic for the patient's records as we need them.***

