

Radiopharmaceutical Therapy Center

	Con	nsultation Referral fo	or Prostate
		ealthy organs which inclu	dosimetry calculations after each treatment cycle to udes a SPECT/CT (initial uptake), a second SPECT/CT port will be provided.
	Prostate radiopharmaceutica	l treatment only. (Our pl	nysician will initiate a peer-to-peer consult)
	Consult	ation Referral for Ne	euroendocrine
	treatment cycle to determine radiation	on uptake of the healthy	includes dosimetry calculations after each organs which includes a SPECT/CT (initial uptake), . A dosimetry report will be provided.
	Neuroendocrine radiopharma	aceutical treatment only	. (Our physician will initiate a peer-to-peer consult)
	Cor	nsultation Referral fo	or Thyroid
	Radioactive Iodine (RAI) Radiopharmaceutical Therapy consultation and treatment includes pretreatment iod planning and post treatment iodine dosimetry calculations after administration to determine radiation uptakes the healthy organs. A dosimetry report will be provided.		
	I-131 radiopharmaceutical treatment only. (Our physician will initiate a peer-to-peer consult)		
	Con	sultation Referral fo	r Xofigo®
Bone Metastases Radiopharmaceutical Therapy (Xofigo®)			
Diagnostic Imaging Consultation: PET/CT, CT, SPECT/CT			
Indicate Diagnosis or Purpose of Imaging Consultation			
Patient Information			
Patier	nt Name	DOB	Primary Phone #
Address City/St		ate/Zip	
DPOA or Legal Guardian Name			Primary Phone #
	Ref	ferring Physician Inf	ormation
Referring Physician / Advanced Practice Provider's Name			
NPI #		Clinic Name	
Clinic Contact Name		Phone #	
Signat	ture		

Please Note - Our team will obtain the prior authorization and discuss coverage with your patient.