UniThera Medical Imaging

Neuro Radiology Referral Form

CLINICAL HISTORY/SIGNS AND SYMPTOMS

- ☐ Mild cognitive impairment
- ☐ Alzheimer's disease evaluation
- ☐ Atypical dementia (FTD / DLB)
- ☐ Cognitive decline of unclear etiology
- ☐ Parkinsonism differentiation
- ☐ Epilepsy localization
- ☐ Brain tumor metabolic correlation
- ☐ Other: _____
- ☐ Anti-amyloid therapies
- ☐ Neuropsychiatric disorder
- ☐ Traumatic brain injury

PET/CT

- ☐ Metabolic: FDG (Fluorodeoxyglucose)
- ☐ Amyloid: Amyvid (Florbetapir)
- ☐ Amyloid: Vizamyl (Flutemetamol)
- ☐ Tau: Tauvid (Flortaucipir)
- ☐ Amyloid: Neuraceq (Florbetaben)
- ☐ Other: _____

SPECT/CT

- ☐ Movement Disorder: DaTscan (Ioflupane I 123)
- ☐ Regional cerebral blood flow (rCBF): Ceretec (Technetium-99m HMPAO)
- ☐ Regional cerebral blood flow (rCBF): Neurolite (Technetium-99m ECD)
- ☐ Other: _____

DIAGNOSTIC CT

Contrast at radiologist discretion

- ☐ Head CT
- ☐ CT-Angiogram: Brain
- ☐ Neck CT
- ☐ CT-Angiogram: Neck
- ☐ Other: _____

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 _____

Clinic Name _____ NPI # _____ Phone # _____

Clinic Contact Name _____ Signature _____ Date _____

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