

## PSMA IMAGING ORDER

**PATIENT PROFILE** \*Please attach demographics Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Phone Number \_\_\_\_\_

Patient is aware of referral  Yes  No

Interpreter Needed  Yes  No Language \_\_\_\_\_

### REFERRING PROVIDER INFORMATION

Referring Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Indication for Scan \_\_\_\_\_

### PATIENT RECORDS

Records available in  Epic  Cerner  Nehii  Other Health System \_\_\_\_\_

Please include the following records needed for insurance authorization if available:

- Recent office note including vitals (height/weight)
- Diagnostic Radiology
- Pathology
- Previous PSA results

### FOR INTERNAL USE ONLY

Appointment information \_\_\_\_\_

\*Our office will contact the patient to schedule. A confirmation fax will be sent with appointment information.

1st Attempt \_\_\_\_\_ 2nd Attempt \_\_\_\_\_ 3rd Attempt \_\_\_\_\_

Referring Office Notified  Faxed Date \_\_\_\_\_