



**PATIENT INFORMATION**

Patient Name	Date of Birth	Height	Weight
Patient Address	Patient Telephone #	Patient Mobile #	
Referring Provider	Provider Telephone #	Provider Fax #	

**INSURANCE INFORMATION**

CPT Codes	ICD-10 Code(s)
Primary Insurance	Subscribers Insurance ID #
Secondary Insurance	Insurance Prior Authorization #

**AUC INFORMATION**

Vendor Name (G Code) + Modifier (Required): \_\_\_\_\_

NPI Number: \_\_\_\_\_ Decision Support Number: \_\_\_\_\_ Score: \_\_\_\_\_

Selected Procedure: \_\_\_\_\_ Selected Indication: \_\_\_\_\_

Consultation Results: \_\_\_\_\_

**(Check ALL that apply and provide ALL information requested)**

Axumin is a radioactive diagnostic agent indicated for positron emission tomography (PET) imaging in men with suspected prostate cancer reoccurrence based on elevated blood prostate specific agent (PSA) levels following prior treatment.

- |   |   |
|---|---|
| <input type="radio"/> Suspected Prostate Cancer Reoccurrence  | <input type="radio"/> Elevated PSA    PSA Level: _____    Date of collection: _____   |
| <input type="radio"/> Prior Treatment<br><i>Please list all previous treatment types:</i> _____               | <input type="radio"/> Is there any reason the patient cannot remain flat on their back for 30 minutes? <input type="checkbox"/> No <input type="checkbox"/> Yes<br><i>Please explain:</i> _____ |
| <input type="radio"/> Is the patient claustrophobic? <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>(Pillow will be provided for the patient's head and knees.)</i>  |

- » **Please notify the scheduling department if your patient cannot keep their appointment by 7:00 am on the day their appointment.**
- » Please inform your patient that someone will contact them between the hours of 7:00 am – 7:30 am the morning of their appointment. If the patient gives any indication that they will not be able to make their appointment their scan will be cancelled.

Authorized Treating Provider's Signature	NPI #	Date
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