

PET PSMA Scheduling Sheet

Se habla español eSMIL.com SCHEDULING: (480) 425-5030 SCHEDULING FAX: (480) 425-5033 MAIN PHONE: (480) 425-5000 Tax ID Number: 200382536

If you would like to refer a patient for a PSMA PET/CT scan, please complete this form and send it to SMIL, please also include the form to expedite schedule and authorization: Clinical Recent Imaging Reports 2 Most Recent PSA Results Script,								
Please select an in	naging agent: 🖫	🗅 F-18 Pylarify 🗅 Ga-68 PSM	A-11 Illuccix □ Ga-68 PSMA-11 Locametz					
Patient Name:			*Today's Date:					
Patient DOB: Patient Day Phone / Cell:								
Secondary Insura	nce:		_ Subscriber ID:	Prior Auth#: Prior Auth#:				
Secondary Insura	nce:		Subscriber ID:					
with newly diagrinitial definitive to the process of the process o	or detection of somosed prostate of herapy. Idelines for initial Risk somo PSA 10 Intermediate (chese PSA 10 In PSA > I	uspected metastasis in patients cancer who are candidates for Stratification and Staging Workup (below) and all that apply) 20-20 66 Positive Core Biopsies 20 aup 5 ary Gleason Pattern 5 oup 5	based on elevated PSA Prior Treatment (check all the prostatectomy) Radiation Chemotherapy ADT Other (specify): Lab Work PSA Nadir After Treat Current PSA: Date:					
	er verifying patier	nt status above:						
ICD-10 Code(s)	Code	Description						
	C61	Malignant neoplasm of prostate						

	Code	Description			
	C61	Malignant neoplasm of prostate			
	Z79.82	Secondary malignant neoplasm of genital organ must be billed accompanied by C61			
	Z19.1	Hormone sensitive malignancy			
	Z19.2	Hormone resistant malignancy			
	Z85.46	Personal history of malignant neoplasm of prostate must be billed accompanied by C61			
	R97.21	Rising PSA following treatment for malignant neoplasm of prostate			
Other					

NCCN Guidelines Version 1.2023 Prostate Cancer Initial RISK STRATIFICATION AND STAGING WORKUP FOR CLINICALLY LOCALIZED DISEASES

Risk Group	Clinical/l	Pathologic Fe	Additional Evaluation ^{h,i}	Initial Therapy	
Very low ^f	Has all of the following: • cT1c • Grade Group 1 • PSA <10 ng/mL • Fewer than 3 prostate biopsy fragme • PSA density <0.15 ng/mL/g	ents/cores posi	Confirmatory testing can be used to assess the appropriateness of active surveillance (See PROS-F 2 of 5)	See PROS-3	
Low ^f	Has all of the following but does not q • cT1-cT2a • Grade Group 1 • PSA <10 ng/mL	ualify for very l	Confirmatory testing can be used to assess the appropriateness of active surveillance (See PROS-F 2 of 5)	See PROS-4	
Intermediatef	Has all of the following: No high-risk group features No very-high-risk group features Has one or more intermediate risk factors (IRFs): CT2b-CT2c Grade Group 2 or 3 PSA 10-20 ng/mL	Favorable intermediate	Has all of the following • 1 IRF • Grade Group 1 or 2 • <50% biopsy cores positive (eg, <6 of 12 cores) ^g	Confirmatory testing can be used to assess the appropriateness of active surveillance (See PROS-F 2 of 5)	See PROS-5
		Unfavorable intermediate		Bone and soft tissue imaging ^{i,k} • If regional or distant metastases are found, see PROS-8 or PROS-12	See PROS-6
High	Has no very-high-risk features and ha • cT3a OR • Grade Group 4 or Grad		Bone and soft tissue imaging ^{i,k} • If regional or distant metastases are found, see PROS-8 or PROS-12	See PROS-7	
Very high	Has at least one of the following:	į	Bone and soft tissue imaging ^{i,k} • If regional or distant metastases are found, see PROS-8 or PROS-12	See PROS-7	