Study Date

In-111 PENTETREOTIDE (OCTREOSCAN®) IMAGING
RECORD OF TELEPHONE SCHEDULING

Patient:_____ **Sex**:_____ **Birthdate**:_____

Telephone:_____

Referring Physician:_____ **Telephone**:_____

Pertinent History and ALL Current Medications:
(Octreotide (Sandostatin®) should be withheld for 48-72 hours before imaging, if possible.)

Results of Other Imaging Studies:

Laboratory Tests Indicative of Presence of a Neuroendocrine Tumor:

Date	Test	Result	Normal Range

CHECKLIST (All must be verified before study can proceed)

1. Referring physician understands that In-111 Pentetreotide (Octreoscan®) is expensive ($1,400 drug charge) and that patient will be charged for the radiopharmaceutical if a scheduled study is canceled on the day it is to be performed? Referring physician also understands that patient must be able to return for imaging at 4 and 24 hours (and possibly 48 hours)?

   YES_____

OVER

2. Patient does not have known hypersensitivity to Octreotide (Sandostatin®)?

   CONFIRMED_____

3. Patient is male_____; postmenopausal female____;
   or S/P either tubal ligation or hysterectomy_____?

   If none of the above, indicate below how pregnancy has been or will be excluded.

   OR

   Pentetreotide scintigraphy needs to be done irrespective of pregnancy status_____

4. Patient is not breastfeeding.

   CONFIRMED_____

(Note that In-111 Pentetreotide scintigraphy can be performed in pediatric, pregnant, or nursing patients if the benefits are thought to outweigh the risks.)

5. Study will require SPECT (6 mCi dose) rather than planar imaging only (3 mCi dose)?

   SPECT_____vs. Planar Only_____

6. Date for study confirmed with Radiopharmacy_____

7. Dates test to be performed: Injection_____Imaging_____

8. **Front Desk Notified that Patient on Schedule?** _____
   [Do not schedule > 2 patients/day for imaging without approval of charge technologist.]

_____	_____ M.D.	_____ M.D.
Date	Scheduling Physician Signature	Staff Physician Co-signature