

New Patient Referrals



PLUVICTO - LUTETIUM-177 PSMA THERAPY FOR PROSTATE CANCER

Nuclear Radiology Physicians

Umber Salman, MD

Nuclear Radiologist

EMAIL: salmanu@uthscsa.edu

Penny Vroman, MD

Nuclear Radiologist

EMAIL: vroman@uthscsa.edu

DEPARTMENT OF RADIOLOGY

FAX: 210-450-6075

PHONE: 210-450-9731

FROM

Please print

Referring Physician _____ Practice Name _____

Patient Coordinator _____ Phone (____) _____

Fax (____) _____

PATIENT INFORMATION

Please print

Name _____ DOB _____
Last/First

Home (____) _____ Work (____) _____ Other (____) _____

Address _____ City/State/Zip _____

Primary Insurance Information _____

Secondary Insurance Information _____

Documentation required for referrals:

- Diagnosed metastatic castration-resistant prostate cancer (mCRPC)
- Most recent lab work (CBC, CMP and PSA)
- Most recent comprehensive oncology notes with prior treatments
- Report and/or images from most recent PSMA PET CT (PSMA PET scans can be completed at any location)
- Include copy of front and back of insurance card

PLEASE FAX THIS FORM TO:

210-450-6075

Department of Radiology
Attn: Pluvicto Therapy



UT Health
San Antonio