Next Generation Solutions

Detailed Order Request Checklists for Radiation Oncology

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1.0 GETTING READY TO PLACE AN ORDER

Knowing what information you'll need for each order saves time. Our Rad Therapy order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you're preparing to submit an order.

2.0 INFORMATION YOU'LL NEED FOR RADIATION THERAPY ORDER REQUESTS

For ALL Rad Therapy order requests, you will need:

- Patient first and last name
- Ordering provider first and last name
- CPT code and the name of the exam you're requesting
- Diagnostic code (ICD10) or name of your patient's diagnosis
- The name and location of the facility where treatment will be given

For MOST Rad Therapy order requests, you may also need:

- Pre-Exam questions (PEQ) information:
  - Patient's height and weight
  - TNM status or stage of cancer
- Type of cancer
- Cancer treatment and goal
- Treatment modality (Brachytherapy, IMRT, Proton Beam, SBRT, or SRS)
- Dose (Gy or seeds), dates, and fractions
- Performance status (ECOG)

Looking for a specific exam?
The following pages list the information that is typically required for specific Rad Therapy exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however, to be thoroughly prepared, it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

3.0 BRACHYTHERAPHY REQUEST WORKSHEET – BREAST CANCER

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Breast Cancer	TUMOR TYPE:	In situ carcinoma □ Invasive carcinoma □ □ Other
PATHOLOGY:	Intra-ductal □ Paget's □ Colloid Carcinoma □ Ductal Carcinoma □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient had breast conserving surgery (for example, lumpectomy)?	Yes	No
Select from the following options:		
Boost after whole breast external beam radiotherapy		
Partial breast irradiation (for example, multi-catheter interstitial or balloon)		
Neither of the above		
Select from the following options:		
High-dose rate (HDR) brachytherapy (fractions)		
Low-dose rate (LDR) brachytherapy (seeds)		

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment	☐
Treatment will be delivered using an oral or endocavitary cone	☐
Total body or hemi-body radiation is requested	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

4.0 BRACHYTHERAPY REQUEST WORKSHEET – LUNG CANCER (NSCLC AND SMALL CELL)

ORDERING PHYSICIAN:			SERVICING LOCATION:		
TREATMENT PLANNING DATE:			TREATMENT START DATE:		
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □				
DIAGNOSIS:	Lung Cancer		TUMOR TYPE:	Non-Small Cell □ Other □	
PATHOLOGY:	Adenocarcinoma □ Bronchoalveolar Carcinoma □ Large Cell □ Squamous Cell □		TREATMENT:	Post-Op □ Pre-Op □ Definitive □	
TUMOR STAGE:			GOAL:	Curative □ Palliative □	
PERFORMANCE STATUS:	ECOG		(circle one) 0, 1, 2, 3, 4	See conversion chart below	
INITIAL DOSE (Gy):			FRACTIONS:		
BOOST DOSE (Gy)			BOOST FRACTIONS:		

Select from the following options:	
The tumor cannot be removed by surgery and cannot be treated with external beam radiation therapy	□
The tumor is obstructing the patient's airway	□
Neither of the above	□
Select from the following options:	
High-dose rate (HDR) brachytherapy (fractions)	□
Low-dose rate (LDR) brachytherapy (seeds)	□
How many seeds will be ordered?	

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

5.0 EBRT 2D/3D CONFORMAL REQUEST WORKSHEET – BREAST CANCER

ORDERING PHYSICIAN:		SERVICING LOCATION:	
BOOST TREATMENT:			
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	PRIMARY TUMOR	METASTATIC LESION	OTHER
DIAGNOSIS:		TUMOR TYPE:	
PATHOLOGY:		TUMOR STAGE:	
TREATMENT:	POST-OP	PRE-OP	DEFINITIVE
GOAL:	CURATIVE	PALLIATIVE	
PERFORMANCE STATUS:	ECOG	0, 1, 2, 3, 4	
DOSE (Greys or Seeds):		FRACTIONS:	

Patient has had a mastectomy.	Yes	No
Patient has had breast-conserving surgery (such as lumpectomy).	Yes	No
What is the size (diameter) of the tumor being treated?		
Five (5) cm or less	☐	
Greater than five (5) cm	☐	
Are the supraclavicular or internal mammary lymph nodes being treated?	Yes	No
Are portions of the field receiving more than 107% of the central axis dose?	Yes	No

6.0 IMRT REQUEST WORKSHEET – BONE METASTASIS

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Bone Metastasis	TREATMENT:	Post-Op □ Pre-Op □ Definitive
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has patient had radiation treatment before?	Yes	No	
How many tumors (lesions) in the bone does the patient have?	One (1) to five (5)	Six (6) or more	Unknown
Is the patient's primary tumor controlled?	Yes	No	
Please take a moment to carefully select all that apply before continuing:			
The patient has a fracture because of the bone tumor(s).			☐
The bone tumor(s) involves soft tissue.			☐
The patient has a bone tumor(s) in the spine.			☐
The bone tumor(s) is causing spinal cord compression.			☐
The tumor is in a weight-bearing bone and there is cortical erosion.			☐
None of these apply			☐

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

7.0 IMRT REQUEST WORKSHEET – BREAST CANCER

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Breast Cancer	TUMOR TYPE:	In situ carcinoma □ Invasive carcinoma □ Other □
PATHOLOGY:	Intra-ductal □ Paget's □ Colloid □ Carcinoma □ Ductal Carcinoma □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliativ e □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE Greys (GY):		FRACTIONS:	
BOOST DOSE (GY)		BOOST FRACTIONS:	

Has the area been previously irradiated?	Yes	No
Is internal mammary node irradiation planned?	Yes	No
Left sided breast tumor with concern for cardiac radiation exposure	Yes	No
Patient with large breasts, with concern for hot spots with 3D conformal treatment	Yes	No
Hot Spots are focal regions with dose variations greater than 10% of targets. Is dose information from 3D conformal plan available?	Yes	No
What is the maximum dose (Dmax) with a 3D plan?		%

For left-sided lesions 3D Comparison Plan

What % of the heart is receiving 25 GY (V25) with 3D Conformal treatment?	%
What % of the heart is receiving 25 GY (V25) with IMRT treatment?	%

For Internal mammary (IM) Lymph Node (LN) radiation, check any that apply:

Pathologically indicated enlarged IM nodes	☐
4 or more axillary LN positive	☐
Medial tumor which is 5 cm or greater (Stage T3)	☐

What is the maximum dose (Dmax) with a 3D plan?	%
High risk of internal mammary lymph node involvement	☐

Please check any of the following indications, which support conventional fractionation, that apply to the member

Patient Age is less than 50	☐	
Supraclavicular or IM nodes will be treated	☐	
Mastectomy or reconstruction have been performed	☐	
Dose inhomogeneity > 107% in central axis (Dmax >112% if Rx is 95%)	☐	
Concurrent chemo or Trastuzumab	☐	
Patient has had breast-conserving surgery (such as lumpectomy).	☐	
Size (diameter) of the tumor being treated?	>5cm	<5cm

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment	☐
Treatment will be delivered using an oral or endocavitary cone	☐
Total body or hemi-body radiation is requested	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

8.0 IMRT REQUEST WORKSHEET – CHOLANGIOCARCINOMA

ORDERING PHYSICIAN:			SERVICING LOCATION:		
TREATMENT PLANNING DATE:			TREATMENT START DATE:		
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		DIAGNOSIS:	Cholangiocarcinoma	
PATHOLOGY:	Adenocarcinoma □		TREATMENT:	Post-Op □ Pre-Op □ Definitive	
TUMOR STAGE:			GOAL:	Curative □ Palliative □	
PERFORMANCE STATUS:	ECOG		(circle one) 0, 1, 2, 3, 4	See conversion chart below	
INITIAL DOSE (Gy):			FRACTIONS:		
BOOST DOSE (Gy)			BOOST FRACTIONS:		

Has the patient received radiation to this area before?	Yes	No
Has the patient's cancer spread (metastasized) to another area of the body?	Yes	No
Has a treatment planning comparison been made between 3D CRT and IMRT?	Yes	No
Which organ or structure would receive too much radiation with the 3D conformal treatment plan?		
LIVER: Does 3D conformal planning predict the mean liver dose will be greater than 30 Gy?	Yes	No
Does IMRT planning predict the mean liver dose would be less than or equal to 25 Gy?	Yes	No
KIDNEYS: Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No
Does IMRT planning predict that no more than 90% of the volume of one (1) kidney receives greater than 18 Gy (if only one [1] kidney is present, does IMRT planning predict that no more than 15% of the kidney receives greater than 18 Gy)?	Yes	No
SPINAL CORD: Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does IMRT planning predict the maximum spinal cord dose would be less than or equal to 45 Gy?	Yes	No
Is this requested to measure radiation exposure to a fetus?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

9.0 IMRT REQUEST WORKSHEET – CENTRAL NERVOUS SYSTEM (CNS)

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	CNS	TUMOR TYPE:	Craniopharyngiomas □ Meningioma □ Pineal Gland Neoplasm Malignancy □
PATHOLOGY:	Pineoblastoma □ Pineocytoma □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has a 3D comparison plan been completed (3D must be completed)?	Yes	No
Is tumor near any of the following structures: Optic chiasm/nerve, retina, brainstem, & cochlea?	Yes	No
Has patient had radiation to this area before?	Yes	No

Clinical Information: (check one that applies)	
Tumor cannot be removed by surgery.	☐
Patient had surgery but tumor was not completely removed.	☐
Patient's disease has come back after treatment was completed.	☐
None apply	☐

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans.	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before.	☐
Analysis of dose to a pacemaker.	☐
Analysis of the interaction of adjacent electron and photon ports.	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

10.0 IMRT REQUEST WORKSHEET – COLON

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □	DIAGNOSIS:	Colon Cancer
PATHOLOGY:	Adenocarcinoma Mucinous-Colloid □ Adenocarcinoma Signet Ring □ Neuroendocrine □ Scirrhous Tumor □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient received radiation to this area before?	Yes	No
Has the patient's cancer spread (metastasized) to another area of the body?	Yes	No
Has a treatment planning comparison been made between 3D CRT and IMRT?	Yes	No
Which organ or structure would receive too much radiation with the 3D conformal treatment plan?		
LIVER: Does 3D conformal planning predict the mean liver dose will be greater than 30 Gy?	Yes	No
Does IMRT planning predict the mean liver dose would be less than or equal to 25 Gy?		No
KIDNEYS: Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No
Does IMRT planning predict that no more than 90% of the volume of one (1) kidney receives greater than 18 Gy (if only one [1] kidney is present, does IMRT planning predict that no more than 15% of the kidney receives greater than 18 Gy)?	Yes	No
SPINAL CORD: Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No

Does IMRT planning predict the maximum spinal cord dose would be less than or equal to 45 Gy?	Yes	No
SMALL BOWEL: Does 3D conformal planning predict the maximum dose to the small bowel will be greater than 54 Gy?	Yes	No
Does IMRT planning predict the maximum dose to the small bowel would be less than 50 Gy?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

11.0 IMRT REQUEST WORKSHEET – ESOPHAGEAL

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □	DIAGNOSIS:	Esophageal Cancer □
PATHOLOGY:	Adenocarcinoma □ Squamous Cell Carcinoma □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

12.0 IMRT REQUEST WORKSHEET – GASTRIC

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □	DIAGNOSIS:	Gastric Cancer
PATHOLOGY:	Diffuse □ Intestinal □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliativ □ e
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient received radiation to this area before?	Yes	No
Has the patient's cancer spread (metastasized) to another area of the body?	Yes	No
Has a treatment planning comparison been made between 3D CRT and IMRT?	Yes	No
Which organ or structure would receive too much radiation with the 3D conformal treatment plan?		
LIVER: Does 3D conformal planning predict the mean liver dose will be greater than 30 Gy?	Yes	No
Does IMRT planning predict the mean liver dose would be less than or equal to 25 Gy?		No
KIDNEYS: Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No
Does IMRT planning predict that no more than 90% of the volume of one (1) kidney receives greater than 18 Gy (if only one [1] kidney is present, does IMRT planning predict that no more than 15% of the kidney receives greater than 18 Gy)?	Yes	No
SPINAL CORD: Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does IMRT planning predict the maximum spinal cord dose would be less than or equal to 45 Gy?	Yes	No
SMALL BOWEL: Does 3D conformal planning predict the maximum dose to the small bowel will be greater than 54 Gy?	Yes	No
Does IMRT planning predict the maximum dose to the small bowel would be less than 50 Gy?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

13.0 IMRT REQUEST WORKSHEET – LIVER

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Liver Cancer	TUMOR TYPE:	Malignant neoplasm-liver primary □
PATHOLOGY:	Hepatocellular Carcinoma □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient received radiation to this area before?	Yes	No
Has the patient's cancer spread (metastasized) to another area of the body?	Yes	No
Has a treatment planning comparison been made between 3D CRT and IMRT?	Yes	No
Which organ or structure would receive too much radiation with the 3D conformal treatment plan?		
LIVER: Does 3D conformal planning predict the mean liver dose will be greater than 30 Gy?	Yes	No
Does IMRT planning predict the mean liver dose would be less than or equal to 25 Gy?		No
KIDNEYS: Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No
Does IMRT planning predict that no more than 90% of the volume of one (1) kidney receives greater than 18 Gy (if only one [1] kidney is present, does IMRT planning predict that no more than 15% of the kidney receives greater than 18 Gy)?	Yes	No
SPINAL CORD: Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does IMRT planning predict the maximum spinal cord dose would be less than or equal to 45 Gy?	Yes	No

SMALL BOWEL: Does 3D conformal planning predict the maximum dose to the small bowel will be greater than 54 Gy?	Yes	No
Does IMRT planning predict the maximum dose to the small bowel would be less than 50 Gy?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

14.0 IMRT REQUEST WORKSHEET – LUNG CANCER (NSCLC AND SMALL CELL)

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Lung Cancer	TUMOR TYPE:	Non-small cell □ Other □
PATHOLOGY:	Adenocarcinoma □ Bronchoalveolar Carcinoma □ Large Cell □ Squamous Cell □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has patient had radiation to this area before?	Yes	No
Will the patient receive radiation therapy and chemotherapy at the same time?	Yes	No
Will more than 30% of the lung receive 20 Gray (V20) with 3D conformal radiation therapy?	Yes	No
Will IMRT lower the percentage of lung that would receive 20 Gray (V20) with 3D conformal radiation therapy by at least 10%?	Yes	No
Does the treatment plan address tumor motion that is both accounted for and managed?	Yes	No
Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No

SPECIAL PROCEDURES

SPECIAL TREATMENT PROCEDURE:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐

Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐
None of these apply	☐

SPECIAL PHYSICS CONSULT:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Is this requested to measure radiation exposure to a fetus?	Yes	No
Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist	☐	
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐	
Analysis of dose to a pacemaker	☐	
Analysis of the interaction of adjacent electron and photon ports	☐	
None of these apply	☐	

Has a 3D comparison plan been completed?	☐
Dose to critical structure with 3D plan	☐
% of lung receiving 20 Gy (V20) with 3D	☐
% of lung receiving 20 Gy (V20) with IMRT	☐
% of lung receiving 5 Gy (V5) with IMRT	☐
% of heart receiving 30 Gy (V30) with 3D	☐
% of heart receiving 45 Gy (V45) with 3D	☐

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

15.0 IMRT REQUEST WORKSHEET – PANCREATIC CANCER

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □	DIAGNOSIS:	Pancreatic Cancer □
PATHOLOGY:	Adenocarcinoma □ Small Cell □ Carcinoma Other □	TREATMENT:	Post-Op □ Pre-Op Definitive □ □
TUMOR STAGE:		GOAL:	Curative □ Palliativ e □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient received radiation to this area before?	Yes	No
Has the patient's cancer spread (metastasized) to another area of the body?	Yes	No
Has a treatment planning comparison been made between 3D CRT and IMRT?	Yes	No
Which organ or structure would receive too much radiation with the 3D conformal treatment plan?		
LIVER: Does 3D conformal planning predict the mean liver dose will be greater than 30 Gy?	Yes	No
Does IMRT planning predict the mean liver dose would be less than or equal to 25 Gy?	Yes	No
KIDNEYS: Does 3D conformal planning predict a mean dose to the bilateral kidneys of greater than 18 Gy?	Yes	No
Does IMRT planning predict that no more than 90% of the volume of one (1) kidney receives greater than 18 Gy (if only one [1] kidney is present, does IMRT planning predict that no more than 15% of the kidney receives greater than 18 Gy)?	Yes	No
SPINAL CORD: Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does 3D conformal planning predict the maximum spinal cord dose would exceed 50 Gy?	Yes	No
Does IMRT planning predict the maximum spinal cord dose would be less than or equal to 45 Gy?	Yes	No
SMALL BOWEL: Does 3D conformal planning predict the maximum dose to the small bowel will be greater than 54 Gy?	Yes	No
Does IMRT planning predict the maximum dose to the small bowel would be less than 50 Gy?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

16.0 IMRT REQUEST WORKSHEET – RECTAL

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other	DIAGNOSIS:	Rectal Cancer □
PATHOLOGY:	Adenocarcinoma □ Carcinoid □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has the patient received radiation to this area before?	Yes	No
Will inguinal lymph nodes be treated?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

17.0 IMRT REQUEST WORKSHEET – SARCOMA

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □	DIAGNOSIS:	Sarcoma □
		TREATMENT:	Post-Op □ Pre-Op □ Definitive
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Is treatment requested for a primary pelvic sarcoma?	Yes	No
Has the patient had radiation treatment before?	Yes	No

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle modality being used; SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle modality being used: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	☐

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

18.0 PROTON BEAM WORKSHEET

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:		TUMOR TYPE:	Sarcoma □ Invasive carcinoma □ Other □
PATHOLOGY:		TREATMENT:	Post-Op □ Pre-Op □ Definitive
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Has patient had radiation to this area before?	Yes	No
Requests for the following diagnoses will automatically approve	Yes	No
Arteriovenous malformation (AVM)	Yes	No
Chordoma or **chondrosarco**ma of cervical or lumbosacral spine	Yes	No
Ocular melanoma	Yes	No
Pediatric cancer	Yes	No
Repeat treatment of a previous irradiated area	Yes	No
Sinonasal cancer where proton therapy is needed to spare critical structures	Yes	No
Requests for proton therapy to treat other diagnoses will require review by a Carelon Medical Benefits Management radiation oncologist to determine medical necessity using the following criteria:	Yes	No
IMRT planning has been performed and the IMRT plan would result in unsafe dose to one of the adjacent organs at risk.	Yes	No
Proton planning is able to spare the organs whose dose tolerance is exceeded with the IMRT plan	Yes	No

Example of a scenario where proton therapy may be considered medically necessary: Request of for proton therapy to treat an **oligodendroglioma** of the brain located adjacent to the optic chiasm. In order to maintain the chiasm dose at 54 Gy, the tumor is underdosed with only	Yes	No
90% coverage. The proton plan gives 98% PTV coverage while maintaining a safe chiasm dose of <54 Gy.		
Example of a scenario where proton therapy would not be considered medically necessary: Request is for proton therapy to treat a **glioblastoma** of the left frontoparietal region. IMRT plan results in higher dose to normal brain. Protons needed to reduce brain exposure to as low as possible. (Reason for denial is that there is no specific dose constraint being exceeded.)	Yes	No
For some plans, this may be applicable: is the patient on an IRB approved clinical trial for **prostate cancer**?	Yes	No

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

19.0 SRS/SBRT REQUEST WORKSHEET – CENTRAL NERVOUS SYSTEM LESIONS

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic □ Lesion □ Other		
DIAGNOSIS:	CNS	TUMOR TYPE:	Craniopharyngioma □ Meningioma □ Pineal Gland □ Neoplasm □ Malignancy □ Other
PATHOLOGY:	Meningioma □ Pineoblastoma □ Pineocytoma □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	WHO Grade	(circle one) I, II, III, IV	
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

Craniopharyngioma:
SRS is appropriate for pituitary adenomas when any of the following conditions are met:
When individual is symptomatic from endocrine abnormalities such as Cushing's disease or acromegaly or to treat a previously irradiated field.
Meningioma:
SRS is appropriate for meningioma when any of the following conditions are met:
When lesion is unresectable or recurrent, or if there is residual disease following surgery or to treat a previously irradiated field.
Other Brain Tumors:
SRS is appropriate for other benign brain tumors when the following condition is met:
For treatment of other benign brain tumors, including acoustic neuromas, craniopharyngiomas, pineal gland tumors, schwannomas.
High Grade Glioma:
SRS is appropriate for high-grade gliomas in individuals with good performance status (based on either of the following)

ECOG 0, 1, or 2 OR Karnofsky Scale greater than or equal to 70% AND when one of the following conditions is met: Recurrent disease Or to treat a previously irradiated field.
Spine Lesions:
SBRT is appropriate for spine lesions when either of the following conditions is met:
When other treatment options are not available (both must be met)
*Not amenable to surgical resection (at least one must apply) -Related to prior surgery, tumor location, or surgical candidacy OR Surgery alone is not an option AND *to treat a previously irradiated field.

20.0 SRS/SBRT REQUEST WORKSHEET – LIVER CANCER-HEPATOCELLULAR-LIVER METASTASES

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Liver Cancer	TUMOR TYPE:	Malignant Neoplasm Liver Primary □
PATHOLOGY:	Hepatocellular Carcinoma □ Other □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

SBRT is appropriate for Hepatocellular carcinoma if ANY of the following conditions are met:

As palliative treatment for individuals with liver-related symptoms after other therapy options have been exhausted OR

As treatment of up to 3 lesions, as an option to surgery or embolization when these therapies have been done and have failed, or are contraindicated, when ALL of the following conditions must be met

*Diameter less than 6cm AND

*Patient with Child-Pugh category A or B AND

*Individual has a good performance status (ECOG 0-2) OR

To treat a previously irradiated field.

SBRT is appropriate for Liver Metastases when the following condition is met:

As palliative treatment for individuals with liver-related symptoms

*Particularly after other therapy options have been exhausted OR

To treat a previously irradiated field.

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

21.0 SRS/SBRT REQUEST WORKSHEET – LUNG, SMALL CELL AND NON-SMALL CELL & LUNG METASTASIS

ORDERING PHYSICIAN:		SERVICING LOCATION:	
TREATMENT PLANNING DATE:		TREATMENT START DATE:	
TREATMENT:	Primary Tumor □ Metastatic Lesion □ Other □		
DIAGNOSIS:	Lung Cancer	TUMOR TYPE:	Non-Small Cell □ Other □
PATHOLOGY:	Adenocarcinoma □ Bronchoalveolar Carcinoma □ Large Cell □ Squamous Cell □	TREATMENT:	Post-Op □ Pre-Op □ Definitive □
TUMOR STAGE:		GOAL:	Curative □ Palliative □
PERFORMANCE STATUS:	ECOG	(circle one) 0, 1, 2, 3, 4	See conversion chart below
INITIAL DOSE (Gy):		FRACTIONS:	
BOOST DOSE (Gy)		BOOST FRACTIONS:	

SBRT is appropriate for non-small cell lung cancer if ANY of the following conditions are met:		
For an alternative to surgical resection when (all must apply)		
*Treatment intent is cure and there is no evidence of nodal or distant metastases based on conventional staging techniques.		
*Single lesion measuring less than or equal to 5cm.		
*Lesion is inoperable for any of the following reasons: Tumor location or individual is not a surgical candidate due to a medical contraindication.		
*To treat a previously irradiated field.		

LUNG METASTASIS

Has the patient received radiation to this area before?	YES	NO	
How many tumors (lesions) in the lung does the patient have?	One	More than one	Unknown
What is the size (diameter) of the tumor in the lung that will be treated?	Five (5) cm or less	More than five (5) cm	Unknown

Is there cancer anywhere else in the body (outside of the lungs)?	YES	NO	Unknown
Is the disease outside of the lung stable?	YES	NO	Unknown
Is the tumor in the lung causing symptoms?	YES	NO	Unknown

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0

22.0 SRS/SBRT REQUEST WORKSHEET – PROSTATE

ORDERING PHYSICIAN:			SERVICING LOCATION:		
TREATMENT PLANNING DATE:			TREATMENT START DATE:		
TREATMENT:	Primary Tumor Metastatic Lesion Other	□ □			
DIAGNOSIS:	Prostate Cancer	□			
PATHOLOGY:	Adenocarcinoma Other	□ □	TREATMENT:	Post-Op Pre-Op Definitive	□ □ □
TUMOR STAGE:			GOAL:	Curative Palliative	□ □
PERFORMANCE STATUS:	ECOG		(circle one) 0, 1, 2, 3, 4	See conversion chart below	
GLEASON GRADE:	6 or less, 7, 8 or more		PSA LEVEL (ng/ml):	0-4.0 ng/ml 4.1-9.9 ng/ml 10.0-20.0 ng/ml >20 ng/ml	□ □ □ □
INITIAL DOSE (Gy):			FRACTIONS:		
BOOST DOSE (Gy)			BOOST FRACTIONS:		

Has the patient received radiation to this area before?	YES NO			
Reason for treatment:	Initial treatment	Treatment after surgery (post prostatectomy)	Treatment for disease that has come back after prior nonsurgical treatment (local recurrence)	Unknown

SPECIAL PROCEDURES:

Special Radiation Treatment:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

The patient will receive intravenous (IV) chemotherapy at the same time as their radiation treatment.	☐
Treatment will be delivered using an oral or endocavitary cone.	☐
Total body or hemibody radiation is requested.	☐
Reconstruction of previous treatment plans	☐

Special Radiation Physics Consult:

Circle one: SBRT, SRS, 3D Conformal, Brachytherapy, IMRT, Proton beam, SIRT, IORT

Fusion of multiple image sets (CT, MRI, PET) when performed by the medical physicist.	☐
Dosimetric analysis of area being treated that overlaps with an area that had radiation before	☐
Analysis of dose to a pacemaker	☐
Analysis of the interaction of adjacent electron and photon ports	☐
Is this requested to measure radiation exposure to a fetus?	

ECOG Conversion Chart

ECOG PERFORMANCE STATUS	KARNOFSKY PERFORMANCE STATUS
0	100 90
1	80 70
2	60 50
3	40 30
4	20 10
5	0