

FDG- PET for evaluation of Alzheimer's Disease

Scheduling Worksheet:

fax to 617-726-6165



Massachusetts General Hospital
 PET Imaging
 Phone: 617-724-7212

Patient Name: MGH unit number: DOB: Phone number: MMSE (or comparable scale): Date of diagnosis of dementia:	Ordering physician: Phone number: Fax number:	
	YES	NO
Has decline been present for at least 6 months?		
Are diagnostic criteria for AD and Frontotemporal dementia met?		
Does the cause of the clinical symptoms remain uncertain?		
Has the patient had a comprehensive clinical evaluation (as defined by the American Academy of Neurology, encompassing a medical history from the patient and a well-acquainted informant (including assessment of activities of daily living), physical and mental status examination aided by cognitive scales or neuropsychological testing, laboratory tests, and structural imaging such as MRI or CT?		
Has the evaluation been conducted by a physician experienced in the diagnosis and assessment of dementia, and will FDG-PET be reasonably expected to help clarify the diagnosis and/or help guide future treatment?		
Can you verify that a brain SPECT or FDG-PET scan has not been previously obtained for the same indication?		