

**Referral Guide for Radionuclide Therapies**  
**Molecular Imaging and Translational Research Program**  
**Department of Radiology**

Dear Referring Physician,

We appreciate your interest in referring your patients to our service for radionuclide therapies. Below, you'll find essential information on our referral process to ensure a seamless transition for your patients into our care.

## **Program Overview**

All radionuclide therapies are managed by our program within the Department of Radiology. The therapies are performed under the supervision of our authorized physician user, **Dr. Yitong Fu, MD**, with program direction by **Dustin Osborne, PhD, DABSNM**.

## **Referral Process**

1. **Submit the Referral:** Please send the following patient information via fax or email to initiate the referral:
  - Patient's full name, date of birth, and contact information.
  - Medical Records: H&P, PET/CT radiology report, and most recent labs.
  - Insurance information

### **Referral Submission Options:**

- **Fax:** 865-305-8694
  - **Email:** Contact our coordinators. Contact information on 2<sup>nd</sup> page.
2. **Review and Scheduling:**
    - Once received, our clinical team will review the referral to determine eligibility.
    - Coordinators will contact the patient directly to schedule initial consultation.
  3. **Patient Consultation and Treatment Planning:**
    - During the consultation, the patient will meet with our Nuclear Medicine Physician and therapy team, who will discuss the details of the therapy, answer any questions, and create a personalized treatment plan.
    - Necessary pre-therapy evaluations, such as additional imaging or labs, will be determined during this visit. Any required radiological imaging will need to be ordered by the referring physician office.
  4. **Treatment and Follow-Up:**
    - Patients will be guided through the therapy day, with detailed instructions provided beforehand.
    - After treatment, follow-up care and monitoring will be coordinated with referring physician offices and we will keep you updated on the patient's progress.

## Contact Information

For questions or to discuss specific referrals, please contact:

- **Dustin Osborne, PhD, DABSNM (Program Director):**  
Phone: 865-305-8264  
Email: [dosborne@utmck.edu](mailto:dosborne@utmck.edu)
- **Amy Swinson (Referral Coordinator):**  
Phone: 865-305-6312  
Email: [aswinson@utmck.edu](mailto:aswinson@utmck.edu)
- **Taylor Gillespie (Referral Coordinator):**  
Phone: 865-305-3237  
Email: [trgillespie@utmck.edu](mailto:trgillespie@utmck.edu)

Thank you for your referral and trust in our program. We are dedicated to providing exceptional care and look forward to collaborating with you to support your patients.

Sincerely,

Dustin Osborne, PhD, DABSNM  
Director, Professor, Medical Physicist  
Molecular Imaging and Translational Research Program  
Department of Radiology