

PET-CT REQUEST

Patient Name: D.O.B:

Address: Postcode:

Phone: Mobile: MRN:

Is this patient part of a Clinical Trial? Yes No. If yes, Name of trial _____

PET-CT EXAMINATIONS (MEDICARE ELIGIBLE INDICATIONS - SPECIALIST REFERRAL ONLY)

LYMPHOMA

- 61620 Lymphoma (Staging)
- 61622 Lymphoma (Post Therapy)
- 61628 Lymphoma (Restaging)
- 61632 Lymphoma (Post Therapy)

LUNG

- 61529 NSCLC (Staging)
- 61523 Solitary Pulmonary Nodule (Diagnosis)

MELANOMA

- 61553 Melanoma (Post Therapy/Restaging)

SARCOMA

- 61640 Sarcoma (Staging)
- 61646 Sarcoma (Restaging)

GIT

- 61577 Oesophageal/GOJ Ca (Staging)
- 61541 Colorectal Ca (Post Therapy/Restaging)

HEAD & NECK

- 61598 Head & Neck Ca (Staging)
- 61604 Head & Neck Ca (Restaging)
- 61610 Metastatic SCC unknown primary (Staging)

NET

- 61647 GEP NET [DOTATATE] (Staging)

GYNAE

- 61565 Ovarian Ca (Post Therapy/Restaging)
- 61571 Uterine Cervix Ca (Staging)
- 61575 Uterine Cervix Ca (Restaging)

BRAIN

- 61538 Brain (Restaging)
- 61559 Epilepsy (Diagnosis)

+ DIAGNOSTIC CT as per protocol or specify region: _____

PET-CT EXAMINATIONS (NON-MEDICARE ELIGIBLE INDICATIONS)

PROSTATE

- Ga-PSMA Prostate Ca (using Gallium-68 PSMA)
- FL-PSMA Prostate Ca (using Fluorine-18 PSMA/PSR)

BRAIN

- FET Brain (Tumour)
- FBB Brain (Amyloid)

OTHER

- Gallium-68 DOTATATE (NET)
- FDG _____

+ DIAGNOSTIC CT as per protocol or specify region: _____

CLINICAL NOTES

RECENT TREATMENT DATES:

Surgery: _____
 RT: _____
 Chemo: _____
 Other: _____

OTHER RELEVANT INFORMATION:

Is the patient on Octreotide/Somatostatin Treatment?

(DOTATATE ONLY) YES NO

If YES, next planned Treatment is on: ___/___/___

Is this for RT Planning? YES NO

If YES, is a mask required? YES NO

Could the patient be pregnant? YES NO

Is the patient diabetic? YES NO

If YES, IDDM NIDDM

Previous contrast allergy? YES NO

For patients >60yrs or with renal insufficiency:

Current Creatinine: _____ eGFR: _____ Date: ___/___/___

REFERRER DETAILS

Name: Provider No:

Address:

Copy to:

Phone: Fax:

Signature: Date:

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE TICK TO
OPT OUT OF
PRINTED IMAGES



All images are
available online

IF POSSIBLE PLEASE FAX THIS REQUEST TO SAN RADIOLOGY & NUCLEAR MEDICINE AHEAD OF MAKING YOUR APPOINTMENT

**PLEASE REMEMBER TO BRING THIS REQUEST FORM
AND ANY RELEVANT PREVIOUS IMAGING TO YOUR APPOINTMENT**

PATIENT PREPARATION :

GENERAL INSTRUCTIONS:

- Please bring your Medicare/DVA card.
- Please bring all relevant prior imaging.
- Wear comfortable warm clothing with no metal components

PSMA PET INSTRUCTIONS:

- You may be required to fast for 4 hours.
- Please ask at the time of making your appointment.

FDG PET INSTRUCTIONS:

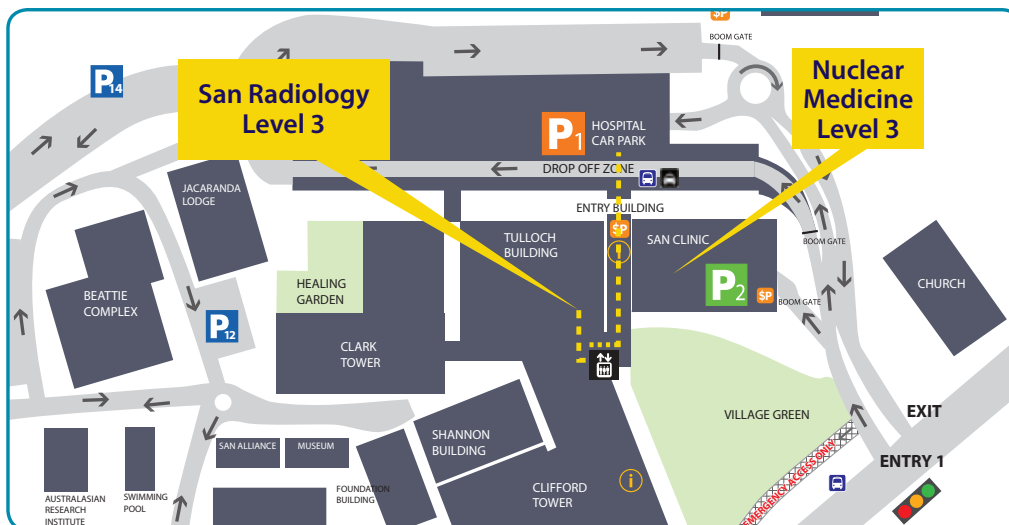
If you are DIABETIC please discuss preparation requirements at the time of making your appointment.

- Fast for 6 hours. Water is allowed. No chewing gum or vitamins.
- Drink plenty of water and use the toilet as required.
- No strenuous exercise for 24 hours prior to your scan.
- Continue all NON-DIABETIC medications as normal.



MEDICARE ELIGIBLE INDICATIONS AND CRITERIA

	MBSITEM	INDICATIONS	
LYMPHOMA	61620	Lymphoma Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma.	Staging
	61622	Lymphoma Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma.	Post Therapy
	61628	Lymphoma Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma	Restaging
	61632	Lymphoma Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma.	Post Therapy
LUNG	61523	Solitary Pulmonary Nodule Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.	Diagnosis
	61529	NSCLC Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.	Staging
HEAD & NECK	61598	Head & Neck Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head & neck cancer.	Staging
	61604	Head & Neck Whole body FDG PET study performed for the evaluation of patients with suspected residual head & neck cancer after definitive treatment, and who are suitable for active therapy	Restaging
	61610	Metastatic SCC Unknown Primary Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.	Staging
MELANOMA	61553	Melanoma Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.	Post Therapy /Restaging
SARCOMA	61640	Bone Or Soft Tissue Sarcoma Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.	Staging
	61646	Sarcoma Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent	Restaging
GIT	61577	Oesophageal/GEJ Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy.	Staging
	61541	Colorectal Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.	Post Therapy /Restaging
NET	61647	Whole body Ga-68-DOTA-peptide PET study when gastro-entero-pancreatic neuroendocrine tumour is suspected	Staging
GYNAE	61565	Ovarian Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.	Post Therapy /Restaging
	61571	Uterine Cervix Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent	Staging
	61575	Uterine Cervix Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent.	Restaging
BRAIN	61538	Brain FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.	Restaging
	61559	Epilepsy FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.	Diagnosis



MY APPOINTMENT DETAILS:

Appt Date: / /

Appt Time:

HOW TO FIND US:

- Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1)
- Park in **P₁** for San Radiology
- Park in **P₂** for Nuclear Medicine

Request Pad Re-Order Form

MEDICAL IMAGING REQUEST

TYPE	QUANTITY
A4 Computerised Request Sheet Packs (For Printer Use)	
A5 Referral Pads (All Modalities)	
A4 Cardiovascular Request Pads (CT /MRI / Echocardiography)	
A4 Spinal Intervention Request Pads	
A4 Vascular Request Pads	
A4 MRI Specialist Request Pads	
A4 MRI General Practitioner Request Pads	
A4 Prostate Imaging Request Pads	
A4 MRI Breast Request Pads	
A4 EOS Request Pads	
A4 PET CT Request Pads	
A5 Nuclear Medicine Request Pads	

PRACTITIONER DETAILS

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Provider Number: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p>
