

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

PET-CT REQUEST FORM

NAME	DOB
ADDRESS	
CONTACT NUMBER	
INDICATION / CLINICAL HISTORY	RADIOTHERAPY DATES Last: Next:
	CHEMOTHERAPY DATES Last: Next:

REIMBURSED PET/CT SCANS: (Medicare rebate applies for applicable Medicare descriptors)

FDG	GIT	<input type="checkbox"/> COLORECTAL CA RE-STAGING	of suspected residual, metastatic or recurrent disease (61541)	
		<input type="checkbox"/> OESOPHAGEAL / GOJ STAGING	of patients considered suitable for active therapy (61577)	
	GYNAE	<input type="checkbox"/> OVARIAN CA RE-STAGING	of suspected residual, metastatic or recurrent disease in pts considered suitable for active Rx (61565)	
		<input type="checkbox"/> CERVIX CA STAGING	of FIGO stage IB2 (or greater) prior to planned curative radiation therapy or combined modality therapy (61571)	
		<input type="checkbox"/> CERVIX CA RE-STAGING	of confirmed local recurrence with planned curative salvage therapy or exenteration (61575)	
	H&N	<input type="checkbox"/> H&N CA STAGING	of biopsy proven newly diagnosed or recurrent H&N cancer (61598)	
		<input type="checkbox"/> H&N CA RE-STAGING	of suspected residual disease after definitive treatment in pts for active therapy (61604)	
		<input type="checkbox"/> METASTATIC SCC STAGING	of unknown primary involving cervical nodes (61610)	
	LUNG	<input type="checkbox"/> NSCLC: STAGING	where curative surgery or radiotherapy is planned (61529)	
		<input type="checkbox"/> SPN:	if unsuitable for transthoracic FNAB, or if pathological characterisation has failed (61523)	
	LYMPHOMA	<input type="checkbox"/> INITIAL STAGING	of newly diagnosed or previously untreated disease (61620)	
		<input type="checkbox"/> RE-STAGING response to 1st-line Rx	to assess response to 1st-line Rx - during treatment or within 3/12 of completion (61622)	
		<input type="checkbox"/> RE-STAGING of confirmed recurrence	of confirmed recurrence (61628)	
		<input type="checkbox"/> RE-STAGING response to 2nd-line Rx	to assess response to 2nd-line chemo prior to stem cell transplantation (61632)	
	MELANOMA	<input type="checkbox"/> RE-STAGING	of suspected metastatic or recurrent disease in pts considered for active therapy (61553)	
	SARCOMA BONE OR SOFT TISSUE	<input type="checkbox"/> STAGING	of biopsy-proven disease (excluding GIST), considered to be potentially curable (61640)	
		<input type="checkbox"/> RE-STAGING	of suspected residual or recurrent disease after initial therapy to assess suitability for subsequent curative Rx (61646)	
	BRAIN	<input type="checkbox"/> GLIOMA:	FDG guide biopsy & assist post-Rx plan if: suspected residual/recurrent disease (61538)	
		<input type="checkbox"/> EPILEPSY:	refractory epilepsy evaluated for surgery (61559)	
	BREAST	<input type="checkbox"/> STAGING:	of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy (61524)	
<input type="checkbox"/> RE-STAGING:		of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy. (61525)		
DOTATATE	<input type="checkbox"/> Suspected GEP-NET	with Negative/equivocal imaging OR surgically amenable GEP-NET based on conventional techniques to exclude other sites of disease. (61647)		

NON REIMBURSED PET/CT SCANS

OTHER FDG	<input type="checkbox"/> Indication:	BRAIN	Dementia <input type="checkbox"/>
PSMA	<input type="checkbox"/> Primary Staging	<input type="checkbox"/> Restaging	
OTHER DOTATATE	<input type="checkbox"/> Whole Body	<input type="checkbox"/> Brain Only	

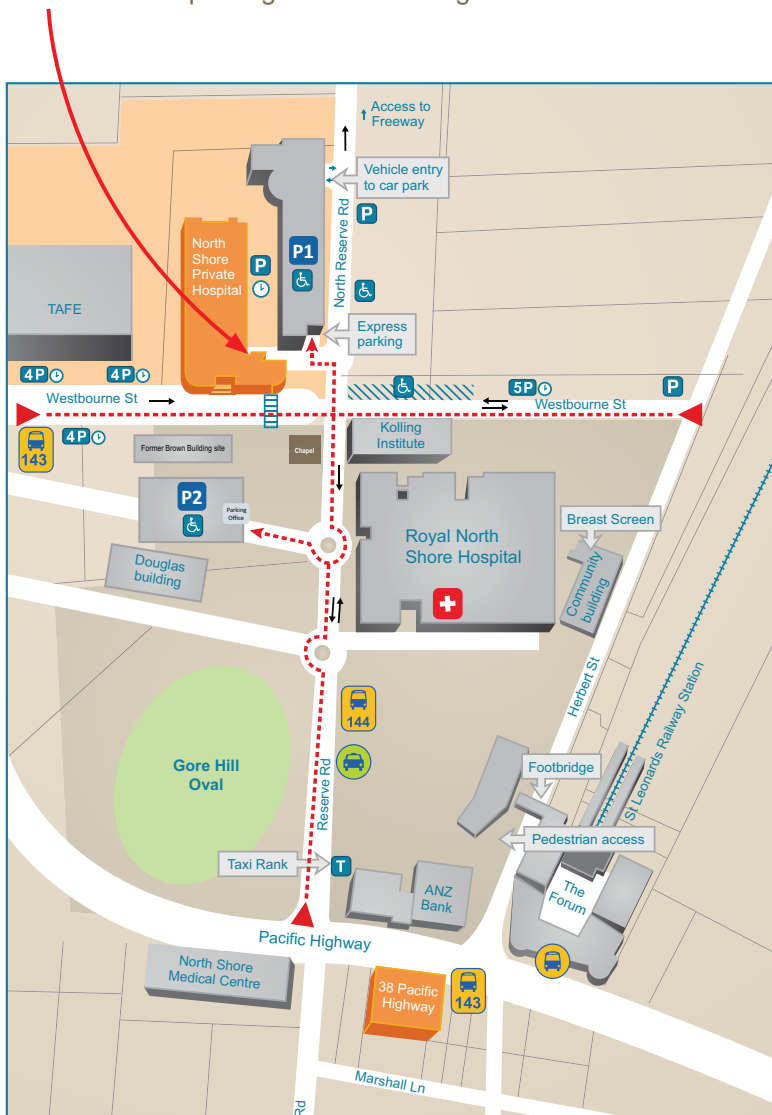
Referrer name (specialist):	Provider No.:
Ph: Fax:	Signature: Date: / /
Address:	CC report:

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

North Shore Private Hospital
 Ground Floor, Westbourne Street, St Leonards NSW 2065
 Tel (02) 8425 3666 • Fax (02) 8330 6383

Parking information:

Valet Parking: available from the NSPH Main Entrance.
 Multi-storey Carparks: P1 & P2 access via Westbourne Street or Reserve Road.
 Metered street parking: available along Westbourne Street.



You will be advised by our staff if you require preparation for your appointment. Please arrive 30 minutes prior to your appointment for registration, unless otherwise stated at the time of the booking. Allow sufficient time for parking.

PET/CT instructions

General:

- If you are claustrophobic or have required sedation for prior scans, please advise us and bring a relative or friend who can drive you home.
- Do not bring small children with you.
- Bring your medicare/DVA card.

FDG PET

- **If you are diabetic, you will need to call for specific instructions.**
- Fast for 6 hours. Water is allowed.
- Avoid strenuous exercise for 24 hours prior to scan.
- Wear warm clothing with no metal components.

PSMA PET/DOTATATE PET

- Eat and drink normally
- Wear comfortable clothing with no metal components.

Relevant Prior Imaging

- Bring prior imaging
- Advise staff of any prior PET scans

Please ring for an appointment and any special instructions. You may wish to note your appointment details below:
 Your results will be sent electronically to your doctor, who will then advise you of your results.

Appointment Date _____ Time _____ Location: _____
 (Accounts to be settled on the day of examination).

Preparation _____

Estimate: \$ _____