



ONCOLOGY - PET/CT REQUEST FORM

- Healthcare Imaging Knox WANTIRNA - 03 9210 7100
- Bridge Road Imaging RICHMOND - 03 9242 4888
- Epping Diagnostic Imaging MRI & PET Centre - 03 9408 2281

Patient Name: _____	DOB: _____	DI USE ONLY
Address: _____		Appt Date & Time _____
PATIENT LABEL		
Ph: _____	Mobile: _____	

Patient status: Outpatient Inpatient If inpatient, where: _____ Ward: _____

Diabetic status: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please specify type: _____ <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Non-Insulin Dependent <input type="checkbox"/> Diet Controlled	Additional diagnostic imaging required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MRI <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/> Other: _____ <input type="checkbox"/> Region _____ Creatinine / eGFR: _____ Date: _____
EXAMINATION REQUESTED: <input type="checkbox"/> FDG <input type="checkbox"/> PSMA <input type="checkbox"/> DOTATATE	
CLINICAL DETAILS	

Reason for scan: Diagnosis Staging Therapeutic Monitoring Restaging Other _____

Primary Site of Disease: _____	Pre PET stage - T N M
Histology/Pathology: _____	Most recent: / /
Surgery Type: _____	Date Last: / / Next: / /
Radiotherapy Region: _____	Date Last: / / Next: / /
Chemotherapy: _____	

ADDITIONAL CLINICAL NOTES	Previous Imaging
_____	CT Date _____ Location _____
_____	MRI Date _____ Location _____

Please select the appropriate Clinical indication below: PET studies must be Consultant referred and fulfill the Medicare criteria to attract a rebate. For patients who do not qualify for a Medicare rebate an out-of-pocket expense will apply.

STAGING OR DIAGNOSIS	RESTAGING OR MONITORING
<input type="checkbox"/> BREAST CARCINOMA - Staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy <input type="checkbox"/> CERVICAL CARCINOMA - Staging at FIGO stage IB2 or greater by conventional staging <input type="checkbox"/> HEAD AND NECK CANCER - Staging of biopsy-proven newly diagnosed or recurrent head and neck cancer <input type="checkbox"/> LYMPHOMA - Initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma <input type="checkbox"/> NON-SMALL CELL LUNG CANCER - Staging of proven non-small cell lung where surgery or radiotherapy planned <input type="checkbox"/> OESOPHAGEAL/GASTRO-OESOPHAGEAL JUNCTION CARCINOMA - Staging <input type="checkbox"/> SARCOMA - Initial Staging of biopsy proven bone or soft tissue sarcoma <input type="checkbox"/> 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 <input type="checkbox"/> UNKNOWN PRIMARY SCC IN CERVICAL LYMPH NODE	<input type="checkbox"/> BREAST CARCINOMA - Suspected metastatic or recurrent breast carcinoma in a patient considered suitable for active therapy <input type="checkbox"/> BRAIN TUMOUR - Suspected residual or recurrent tumour after definitive therapy (or during ongoing chemotherapy) <input type="checkbox"/> CERVICAL CARCINOMA - Further staging with confirmed local recurrence <input type="checkbox"/> COLORECTAL CARCINOMA - Following initial therapy: Suspected residual, metastatic or recurrent colorectal carcinoma <input type="checkbox"/> HEAD AND NECK CANCER - Suspected residual head and neck cancer after definitive treatment <input type="checkbox"/> LYMPHOMA - Assess response to first line therapy during or within 3 months. Restaging of recurrence. Assess response to second-line chemotherapy when stem cell transplantation is being considered <input type="checkbox"/> MELANOMA - Following initial therapy: Suspected metastasis or recurrence following initial therapy <input type="checkbox"/> OVARIAN CARCINOMA - Following initial therapy: Suspected residual, metastatic or recurrent tumour <input type="checkbox"/> SARCOMA (Except GIST) - Suspected residual or recurrent sarcoma after initial course of definitive therapy
<input type="checkbox"/> 68Ga-DOTA SCAN FOR GASTRO-ENTERO-PANCREATIC NEUROENDOCRINE TUMOUR - Suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or - Both: (i) a surgically amenable gastro-entero-pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is for excluding additional disease sites	

OTHER UNFUNDED INDICATION PLEASE SPECIFY: _____

RESULTS: Urgent Phone Fax Email report (subject to setup) Patient to take films Deliver film
 Do not send reports to My Health Record Copies to: _____

Requesting Consultant: _____ Name: _____ Address: _____ Phone: _____ Signature: _____	Provider Number: _____ Specialty: _____ Fax: _____ Date: _____	STAMP HERE
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PLACE PATIENT LABEL HERE

Diagnostic Imaging Use Only

PATIENT IDENTIFICATION AND PROCEDURE MATCHING CHECKLIST

Please tick 3 relevant Patient Identifiers before commencing examination

Full name DOB Address Wristband Ankleband

Ward / ED staff / Relative assisted with identity of patient

Patient verification with clinical history as required

Clinical Staff Signature _____ IRIS ID _____

Pregnancy Check

Are you pregnant?

Yes No

Patient Signature: _____

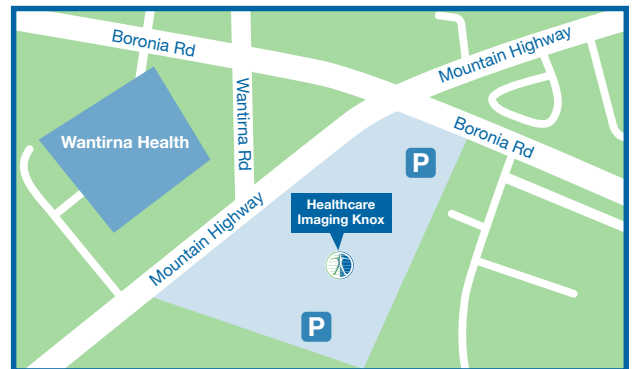
HEALTHCARE IMAGING KNOX

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WANTIRNA VIC 3152

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pet.knox@healthcareimaging.com.au
(Enter via Mountain Highway entrance)



BRIDGE ROAD IMAGING

84 Bridge Road

RICHMOND VIC 3121

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Fax: 03 9242 4820

pet.bridgeroad@healthcareimaging.com.au

Free on site parking available

EPPING DIAGNOSTIC IMAGING MRI AND PET CENTRE

(located at Epping Consulting Centre)

175 Cooper Street

EPPING VIC 3076

Ph: 03 9408 2281

Fax: 03 9408 2278

pet.epping@healthcareimaging.com.au

Free on site parking available

