

PET / CT REQUEST FORM

PATIENT DETAILS

UR No. _____

APPOINTMENT Date ____/____/____ Time ____

Name _____ Date of Birth ____/____/____ Male Female

Address _____ Postcode _____

Telephone (Home) _____ (Mobile) _____

EXAMINATION

PET SCAN + DIAGNOSTIC CT (CT Region _____) PET SCAN ONLY

MEDICARE REBATABLE INDICATIONS

(Please refer to www.health.gov.au/mbsonline for full item description)

FDG MEDICARE REBATABLE

Diagnosis or Primary Staging

- Lymphoma - initial staging
- Head and neck cancer (biopsy proven)
- Solitary Pulmonary Nodule
- Oesophageal or gastro oesophageal junction carcinoma (biopsy proven)
- Non small cell lung cancer (biopsy proven)
- Carcinoma of the cervix uteri
- Sarcoma of bone or soft tissue (biopsy proven)
- Metastatic squamous cell carcinoma (biopsy proven) of unknown primary site involving cervical lymph nodes
- Refractory epilepsy being evaluated for surgery
- Breast cancer (Stage 3)

Restaging (or staging following initial or first line therapy)

- Colorectal carcinoma
- Malignant melanoma
- Ovarian carcinoma
- Head and neck cancer
- Residual or recurrent malignant brain tumour
- Lymphoma - response to first line therapy
- Lymphoma - restaging following recurrence
- Sarcoma of bone or soft tissue - residual or recurrent
- Cervical carcinoma - local recurrence
- Lymphoma - response to second-line chemotherapy when stem-cell transplant being considered
- Suspected metastatic or recurrent breast cancer

OTHER MEDICARE REBATABLE

- ⁶⁸Ga - DOTATATE - Staging/Restaging Upper GI Neuroendocrine Tumour

MEDICARE NON-REBATABLE (Please consult with BMI to ascertain out of pocket expense)

- ⁶⁸Ga - PSMA - Prostate cancer
- Other Non MBS Scan _____

CLINICAL NOTES

SPECIALIST DETAILS

Name _____ Pager/Mobile _____

Signature _____ Date ____/____/____

Provider No. _____ COPY TO _____

IMAGES

Web Access CD with Patient

Other _____

PLEASE COMPLETE
BOTH SIDES

You can choose your imaging provider

bmi Your Health | Your Service | Your Choice

RELEVANT MEDICAL HISTORY

Form with sections: RECENT IMAGING (CT, MRI, NUC MED, OTHER) and MANAGEMENT PLAN (Radiotherapy, Chemotherapy, Surgery, OTHER). Columns include Date, Where, Relevant findings, Type, Date of last treatment, and Date of next treatment.

PRE-TEST TUMOUR STAGE

Form for Pre-Test Tumour Stage with checkboxes for Initial Stage, Recurrent Tumour Stage, and Stage. Includes fields for diT, N, M locations, Histology, and Diagnosis.

PATIENT SAFETY

eGFR _____ Date _____

Patient Safety questionnaire with YES/NO columns. Questions include pregnancy, breastfeeding, claustrophobia, melanoma history, diabetes, and allergies.

PATIENT INSTRUCTIONS

DIABETICS: If you are diabetic - you MUST attend a pre-PET Diabetes Clinic before being booked for a PET Scan to ensure your diabetes is well controlled.

Day before: Please call and confirm your booking on 5226 7557.

Scan Day:

- Nothing to eat for 6 hours before your appointment time
Drink only water (at least 3 glasses)
Avoid any planned exercise for 24 hours prior to appointment
Arrive at least 15 minutes prior to your appointment time
Please bring: Any previous relevant imaging studies, Referral letter, Medicare card
Take your medications as normal, except for diabetics (see note above)
If you are claustrophobic and require sedation, please ensure you are accompanied for your appointment as you will be unable to drive yourself home



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