

NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

PET-CT REQUEST FORM

NAME:		DOB: / /	WEIGHT
CONTACT NUMBER		PREFERRED SCAN DATE	
ADDRESS		/ /	
INDICATION / CLINICAL HISTORY		RADIOTHERAPY DATES	
		Last: / /	
		Next: / /	
		CHEMOTHERAPY DATES	
		Last: / /	
		Next: / /	

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

F18-FDG	WHOLEBODY	STAGING <i>of patients suitable for active therapy</i>	RESTAGING <i>of suspected residual, metastatic or recurrent disease</i>
	BREAST	Stage 3 (61524)	(61525)
	CERVIX	≥FIGO IB2 (61571)	(61575)
	COLORECTAL		(61541)
	HEAD & NECK	(61598)	(61604)
	LONG (NSCLC)	(61529)	
	LUNG (SPN)	FNAB non-diagnostic or contraindicated (61523)	
	MELANOMA		(61553)
	OESOPHAGUS /COJ	(61577)	
	OVARY		(61565)
SARCOMA (excl GIST)	(61640)	(61646)	
SCC-UNKNOWN I°	(61610)		

F18-FDG	WHOLEBODY	
	LYMPHOMA	Staging (61620)
		1 st line treatment response (61622)
		confirmed recurrence (61622)
		pre stem cell transplant (61632)

F18-FDG	BRAIN ONLY	
	GLIOMA	suspected residual or recurrent (61538)
	EPILEPSY	refractory, pre-surgical evaluation (61559)

GA68	⁶⁸ Ga DOTATATE	GEP-NET where conventional imaging negative/equivocal OR shows surgically amenable disease (61647)
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NON REIMBURSED PET/CT SCANS

FDG	Wholebody:	Brain only:
PSMA	Wholebody:	
DOTATATE	Wholebody (NET):	Brain only (Meningioma):

DIAGNOSTIC CT (In addition to PET/CT)

BRAIN	NECK	CHEST	ABDOMEN/PELVIS	OTHER:
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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) 9170 4500 • 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 normally, drink a little extra fluid prior to your appointment. You do not need to hold your bladder.
- 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: \$ _____