

# 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)

	WHOLEBODY	STAGING <small>of patients suitable for active therapy</small>	RESTAGING <small>of suspected residual, metastatic or recurrent disease</small>		WHOLEBODY		
<b>F18-FDG</b>	BREAST	<input type="checkbox"/> Stage 3 (61524)	<input type="checkbox"/> (61525)	<b>F18-FDG</b>	LYMPHOMA	<input type="checkbox"/> Staging (61620)	
	CERVIX	<input type="checkbox"/> ≥FIGO IB2 (61571)	<input type="checkbox"/> (61575)			<input type="checkbox"/> 1 <sup>st</sup> line treatment response (61622)	
	COLORECTAL		<input type="checkbox"/> (61541)			<input type="checkbox"/> confirmed recurrence (61628)	
	HEAD & NECK	<input type="checkbox"/> (61598)	<input type="checkbox"/> (61604)			<input type="checkbox"/> pre stem cell transplant (61632)	
	LUNG (NSCLC)	<input type="checkbox"/> (61529)					
	LUNG (SPN)	<input type="checkbox"/> FNAB non-diagnostic or contraindicated (61523)		<b>F18-FDG</b>	BRAIN ONLY		
	MELANOMA		<input type="checkbox"/> (61553)			GLIOMA	<input type="checkbox"/> suspected residual or recurrent (61538)
	OESOPHAGUS /COJ	<input type="checkbox"/> (61577)				EPILEPSY	<input type="checkbox"/> refractory, pre-surgical evaluation (61559)
	OVARY		<input type="checkbox"/> (61565)			<b>Ga68</b>	<sup>68</sup> Ga DOTATATE <input type="checkbox"/> GEP-NET where conventional imaging negative/equivocal OR shows surgically amenable disease (61647)
	SARCOMA (excl GIST)	<input type="checkbox"/> (61640)	<input type="checkbox"/> (61646)				
SCC-UNKNOWN I°	<input type="checkbox"/> (61610)						

### NON REIMBURSED PET/CT SCANS

FDG	<input type="checkbox"/> Wholebody:	<input type="checkbox"/> Brain only:
PSMA	<input type="checkbox"/> Wholebody:	
DOTATATE	<input type="checkbox"/> Wholebody (NET):	<input type="checkbox"/> Brain only (Meningioma):

### DIAGNOSTIC CT (In addition to PET/CT)

BRAIN  
  NECK  
  CHEST  
  ABDOMEN/PELVIS  
  OTHER:

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 of your 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: \$ \_\_\_\_\_