

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 <small>of patients suitable for active therapy</small>	RESTAGING <small>of suspected residual, metastatic or recurrent disease</small>
	BREAST	<input type="checkbox"/> Stage 3 (61524)	<input type="checkbox"/> (61525)
	CERVIX	<input type="checkbox"/> ≥FIGO IB2 (61571)	<input type="checkbox"/> (61575)
	COLORECTAL		<input type="checkbox"/> (61541)
	HEAD & NECK	<input type="checkbox"/> (61598)	<input type="checkbox"/> (61604)
	LUNG (NSCLC)	<input type="checkbox"/> (61529)	
	LUNG (SPN)	<input type="checkbox"/> FNAB non-diagnostic or contraindicated (61523)	
	MELANOMA		<input type="checkbox"/> (61553)
	OESOPHAGUS /COJ	<input type="checkbox"/> (61577)	
	OVARY		<input type="checkbox"/> (61565)
SARCOMA (excl GIST)	<input type="checkbox"/> (61640)	<input type="checkbox"/> (61646)	
UNCOMMON CANCERS (Typically FDG avid)	<input type="checkbox"/> (61612)	<input type="checkbox"/> (61614)	

F18-FDG	WHOLEBODY	
	Lymphoma	
	<input type="checkbox"/> Staging (61620)	
	<input type="checkbox"/> 1 st line treatment response (61622)	
	<input type="checkbox"/> confirmed recurrence (61628)	
<input type="checkbox"/> pre stem cell transplant (61632)		
SCC-UNKNOWN I°	<input type="checkbox"/> (61610)	
BRAIN ONLY		
	GLIOMA	<input type="checkbox"/> suspected residual or recurrent (61538)
	ALZHEIMER'S	<input type="checkbox"/> specialist only, once every 12 months, 3 max (61560)
	EPILEPSY	<input type="checkbox"/> 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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PET PSMA scan – REBATABLE

INITIAL STAGING	ITEM 61563	<input type="checkbox"/>	RESTAGING	ITEM 61564	<input type="checkbox"/>
<p>The specialist or consultant physician is to record in the clinical notes and their request that the patient:</p> <ul style="list-style-type: none"> Has intermediate to high-risk prostate adenocarcinoma, has previously untreated; AND Is considered suitable for locoregional therapy with curative intent. 			<p>The specialist or consultant physician is to record in the clinical notes and their request that the patient:</p> <ul style="list-style-type: none"> Has undergone prior locoregional therapy and is considered suitable for further locoregional therapy <p><i>This item can be claimed by patients with:</i></p> <ul style="list-style-type: none"> A PSA increase of 2ng/ml above the nadir after radiation therapy; OR Failure of PSA levels to fall to undetectable levels; OR Rising PSA serum after radical prostatectomy. 		

NON REIMBURSED PET/CT SCANS (i.e. not eligible for Medicare rebate)

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)

<input type="checkbox"/> BRAIN	<input type="checkbox"/> NECK	<input type="checkbox"/> CHEST	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/> 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) 9170 4577

Parking information:

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: \$ _____