



PET/CT REFERRAL

PATIENT DETAILS

Name: _____ DOB: _____ Sex: M / F

Address: _____ Medicare: _____

Phone (H): _____ (M) _____ (W) _____

PLEASE INDICATE ON THE REVERSE SIDE THE REASON FOR THE STUDY FOR MEDICARE PURPOSES

FDG PET/CT

PSMA PET/CT

CLINICAL HISTORY:

WEIGHT (KG): _____ DIABETIC: Y / N INSULIN: Y / N CLAUSTROPHOBIC: Y / N

PRIMARY SITE OF DISEASE: _____ DATE OF DIAGNOSIS: _____

HISTOLOGY: _____ STAGE: T N M

SURGERY/BIOPSY DATES:

CHEMOTHERAPY: Y / N LAST DOSE: _____ NEXT DOSE: _____

RADIOTHERAPY: Y / N LAST DOSE: _____ NEXT DOSE: _____

IMMUNOTHERAPY: Y / N LAST DOSE: _____ NEXT DOSE: _____

IMPAIRED RENAL FUNCTION: Y / N EGFR: _____ MLS/MIN DATE: _____

PREVIOUS PET SCAN: Y / N DATE: _____ Patient to bring previous images

PREVIOUS CT SCAN: Y / N DATE: _____ Patient to bring previous images

SCAN IS: URGENT PET RESULTS REQUIRED BY: _____

REFERRER DETAILS

Name:

Provider No:

Address:

Copy To:

Phone:

Fax:

Signature:

Date:



MEDICARE ELIGIBLE INDICATIONS AND CRITERIA (PLEASE TICK)

| | MBS ITEM | INDICATIONS | |
|------------------------|--------------------------------|---|--------------|
| LUNGS | 61523 <input type="checkbox"/> | Evaluation of solitary nodule where the lesion is considered unsuitable for biopsy, or for which biopsy has failed. | Diagnosis |
| | 61529 <input type="checkbox"/> | Staging of proven NSCLC, where curative surgery or R/T is planned. | Staging |
| BREAST | 61524 <input type="checkbox"/> | Staging of locally advanced (stage III) breast cancer for a patient who is considered suitable for active therapy. | Staging |
| | 61525 <input type="checkbox"/> | Evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy. | Restaging |
| GIT | 61541 <input type="checkbox"/> | Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent colorectal carcinoma in patients considered suitable for active therapy. | Restaging |
| | 61577 <input type="checkbox"/> | Staging of proven oesophageal or GEJ carcinoma, in patients who are considered suitable for active therapy. | Staging |
| MELANOMA | 61553 <input type="checkbox"/> | Following initial therapy, for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy. | Restaging |
| GYNAE | 61565 <input type="checkbox"/> | Following initial therapy, for the evaluation of suspected residual, metastatic, or recurrent ovarian carcinoma in patients considered suitable for active therapy. | Restaging |
| | 61571 <input type="checkbox"/> | Further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical R/T or a combined modality therapy with curative intent. | Staging |
| | 61575 <input type="checkbox"/> | Further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent. | Restaging |
| HEAD & NECK | 61598 <input type="checkbox"/> | Staging of biopsy proved newly diagnosed or recurrent head and neck cancer. | Staging |
| | 61604 <input type="checkbox"/> | Evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy. | Restaging |
| | 61610 <input type="checkbox"/> | Evaluation of squamous cell carcinoma of unknown primary site involving cervical nodes. | Staging |
| LYMPHOMA | 61620 <input type="checkbox"/> | Initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma. | Staging |
| | 61622 <input type="checkbox"/> | Assess response to first line therapy either during treatment or within 3 months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma. | Post Therapy |
| | 61628 <input type="checkbox"/> | Restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma. | Restaging |
| | 61632 <input type="checkbox"/> | Assess response to second-line chemotherapy is haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma. | Post Therapy |
| SARCOMA | 61640 <input type="checkbox"/> | Initial staging of patients with biopsy proven bone or soft tissue sarcoma (excluding gastrointestinal and stroma tumour) considered by conventional staging to be potentially curable. | Staging |
| | 61646 <input type="checkbox"/> | Evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal and stroma tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent. | Restaging |
| BRAIN | 61538 <input type="checkbox"/> | Evaluation of suspected residual or recurrent malignant brain tumour based on anatomical image findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for active therapy. | Restaging |