



Patient Name	Gender	DOB	Phone
Address		Medicare #	Pension #

DIAGNOSTIC REQUEST – Diagnostic Services Requested

Please tick one only (Medicare criteria on reverse)

PET only – Diagnostic CT not required

Medicare Eligible PET Examinations with Diagnostic CT Brain, Neck, Chest, Abdomen and Pelvis, with IV contrast for the following indication:

- BREAST CANCER, Stage III (61524 + 56807 + 56001)
- BREAST CANCER, suspected metastatic or recurrent (61525 + 56807 + 56001)
- SOLITARY PULMONARY NODULE (61523 + 56807 + 56001)
- NON-SMALL CELL LUNG CANCER, staging (61529 + 56807 + 56001)
- HL or NHL, initial staging (61620 + 56807 + 56001)
- HL or NHL, assess response to first line therapy (61622 + 56807 + 56001)
- HL or NHL, restaging (61628 + 56807 + 56001)
- HL or NHL, assess response to second line chemo (61632 + 56807 + 56001)
- HEAD and NECK CANCER, staging (61598 + 56807 + 56001)
- HEAD and NECK CANCER, suspected residual cancer (61604 + 56807 + 56001)
- METASTATIC SCC (61610 + 56807 + 56001)
- MELANOMA (61553 + 56807 + 56001)
- COLORECTAL CARCINOMA (61541 + 56807 + 56001)
- OESOPHAGEAL or GEJ CARCINOMA (61577 + 56807 + 56001)
- OVARIAN CARCINOMA (61565 + 56807 + 56001)
- UTERINE CERVIX CARCINOMA, primary staging (61571 + 56807 + 56001)
- UTERINE CERVIX CARCINOMA, recurrent cancer for staging (61575 + 56807 + 56001)
- SARCOMA, initial staging (61640 + 56807 + 56001)
- SARCOMA, suspected residual or recurrent (61646 + 56807 + 56001)
- ⁶⁸Ga - DOTA for evaluation of NETs (61647 + 56807 + 56001)

Medicare Eligible FDG PET Examination with Diagnostic CT Brain for the following indication:

- ALZHEIMER'S DISEASE (61560 + 56001 or 56007)
- MALIGNANT BRAIN TUMOUR (61538 + 56001 or 56007)
- REFRACTORY EPILEPSY which is being evaluated for surgery (61559 + 56001 or 56007)

Other PET Examinations with Diagnostic CT Brain, Neck, Chest, Abdomen and Pelvis, with IV Contrast for the following indication:

- PSMA for evaluation of prostate cancer (+ 56807 + 56001)
- ⁶⁸Ga - DOTA for evaluation of NETs (+ 56807 + 56001)
- Any other UNFUNDED PET (+ 56807 + 56001)

Please advise if the patient is: Diabetic | Renal Function Impaired | Pregnant | Breastfeeding | Infection Precaution

Consultation at time of examination requested with doctor:.....

Referral Details – Reason for Referral and Clinical History

Primary Disease Site:.....

Histopathology:.....

Surgery Type:.....

Chemotherapy: Last:.....Next:.....

Radiotherapy: Last:.....Next:.....

Previous PET Scan: Y / N Location:.....

REQUESTING PRACTITIONER

Practitioner name, provider number, address, phone, fax

Practitioner signature and date

RESULTS

EMERGENCY | Film | Phone | Fax am/pm | No.

Copy reports to:



For appointments please phone:

1300 788 508

Garran

Brindabella Specialist Centre

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