

## PATIENT DETAILS

Patient Name:

Date of Birth:

Address:

Phone:

Medicare:

## DIAGNOSTIC SERVICE REQUEST - Please tick one (Medicare criteria on reverse)

### Medicare Eligible PET Examinations

with whole body diagnostic CT (Head, Chest, Abdomen, and Pelvis)

PET with non diagnostic CT (Attenuation correction only)

#### BREAST

- Staging of locally advanced (Stage III) breast Ca [61524]
- Suspected metastatic or recurrent [61525]

#### LUNG

- Solitary Pulmonary Nodule [61523]
- Non-Small Cell Lung Cancer - Staging [61529]

#### LYMPHOMA

- HL or NHL, initial staging [61620]
- HL or NHL, assess response to first line therapy [61622]
- HL or NHL, restaging [61628]
- HL or NHL, assess response to second line chemo [61632]

#### PROSTATE

- PSMA (Ga<sup>68</sup>) initial staging [61563]
- PSMA (Ga<sup>68</sup>) restaging [61564]

#### MELANOMA

- Melanoma [61553]

#### HEAD & NECK

- Head and Neck Ca, staging [61598]
- Suspected residual Ca [61604]

#### CARCINOMA

- Metastatic SCC [61610]
- Colorectal Carcinoma [61541]
- Oesophageal or GEJ carcinoma [61577]
- Ovarian carcinoma [61565]
- Uterine cervix carcinoma, primary staging [61571]
- Uterine cervix carcinoma, recurrent Ca [61575]

#### NEUROENDOCRINE

- DOTA (Ga<sup>68</sup>) for evaluation of NETs [61647]

#### SARCOMA

- Initial staging [61640]
- Suspected residual or recurrent [61646]

#### OTHER

- Rare and uncommon cancer, initial staging and management [61612]

### Medicare Eligible PET

with diagnostic brain CT

PET with non diagnostic CT (Attenuation correction only)

#### BRAIN

- Alzheimer's Disease [61560]
- Malignant Brain Tumour [61538]
- Refractory Epilepsy (evaluated for surgery) [61559]

### Non-Medicare Eligible PET

with whole body diagnostic CT (Head, Chest, Abdomen, and Pelvis)

PET with non diagnostic CT (Attenuation correction only)

- PSMA (Ga<sup>68</sup>) for evaluation of prostate Ca
- DOTA (Ga<sup>68</sup>) for evaluation of NETs
- Any other Unfunded <sup>18</sup>F<sup>18</sup>FDG Study

## 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:

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

## REQUESTING PRACTITIONER

Name, provider number, address, phone, fax

Signature:

Date:

## RESULTS - Copy to:

FOR APPOINTMENT PLEASE PHONE  
**1300 788 508**

Brindabella Specialist Centre  
5 Dann Close, Garran

pet@cig.com.au