Epworth Medical Imaging

PET/CT Request/Referral

Patient details

Name .....

DOB / /

Address .....

Medicare No. .....

Telephone .....

Primary Disease site: .....

Histopathology: .....

Surgery Type: .....

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

Radiotherapy Planning PET/CT: ☐ Yes ☐ No

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

Infection Precaution: ☐ Yes ☐ No

Previous PET scan: ☐ Yes ☐ No Location: .....

Diabetic: ☐ Yes ☐ No

Metformin: ☐ Yes ☐ No

eGFR: ..... Date: .....

Date PET/CT required by: .....

PET/CT Tracer: ☐ F18 FDG ☐ F18 PSMA ☐ 68 Ga DOTA ☐ F18 FET ☐ F18 FES ☐ Other: .....

Referral Details *Reason for Referral and Clinical History*

Please tick PET indication and diagnostic CT requirements			Diagnostic contrast CT			
Grouping	**Medicare eligible indication (Medicare criteria on reverse)**	**PET**	**Brain**	**Neck**	**Chest, Abdo & Pelvis**	**Other**
Brain	Malignant brain tumour, after definitive therapy (61538)					
	Refractory epilepsy, being evaluated for surgery (61559)					
	Diagnosis of Alzheimer's Disease (AD), clinical evaluation equivocal, 61560/61402 not performed in last 12 months for AD (61560)					
Breast	Staging of locally advanced (Stage III) breast cancer (61524)					
	Evaluation of suspected metastatic breast carcinoma (61525)					
GIT - Lower	Colorectal carcinoma, for active therapy (61541)					
GIT - upper	Oesphageal or GEJ carcinoma, staging of proven (61577)					
	68Ga- DOTA . evaluation of gastro-entero-pancreatic neuroendocrine tumour (61647)					
Gynae	Ovarian carcinoma, following initial therapy, suitable for active therapy (61565)					
	Uterine cervix carcinoma, primary staging (61571)					
	Uterine cervix carcinoma, recurrent cancer for staging (61575)					
Head & neck	Head and Neck cancer, staging of biopsy proven (61598)					
	Head and neck cancer, suspected residual cancer (61604)					
Lung	Solitary pulmonary nodule, staging (61523)					
	Non-small cell lung cancer, staging of proven (61529)					
Lymphoma	HL or NHL, initial staging or untreated (61620)					
	HL or NHL, assess response to first line therapy (61622)					
	HL or NHL, restaging of recurrence (61628)					
	HL or NHL, assess response to second line chemo (61632)					
Melanoma	Melanoma, suspected metastatic or recurrence (61553)					
Metastatic SCC	Metastatic SCC, unknown primary involving cervical nodes (61610)					
Sarcoma	Sarcoma, initial staging biopsy proven bone or soft tissue excluding GIST (61640)					
	Sarcoma, suspected residual or recurrent tumour excluding GIST (61646)					
	Non-Rebatable indications	**PET**	**Brain**	**Neck**	**Chest, Abdo & Pelvis**	**Other**
Prostate	PSMA, for prostate cancer					
Breast	F18 FES, to evaluate oestrogen receptor expressing tumours.					
Brain	F18 FET assess amino acid distribution in brain lesions					
Other						

Referring doctor's details

Practitioner name .....

Provider number .....

Address .....

Phone ..... Fax .....

Signature ..... Date .....

Copy to .....

Internal use only Y N

Pregnant ☐ ☐

Patient identification verified ☐

Procedure and consent verified ☐

Tech name/position:

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Thank you for referring your patient to Epworth Medical Imaging

Epworth Medical Imaging

PET/CT Request/Referral

My appointment

Date .....

Location Epworth Freemasons - 113 Albert Street East Melbourne

Other .....

Time .....

Patient preparation

You will be provided with important patient preparation information for your PET/CT study.
For more information about your PET examination please visit **epworthmedicalimaging.com.au**

PET	Medicare description
61523	Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.
61524	Whole body FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer, for a patient who is considered suitable for active therapy.
61525	Whole body FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma, for a patient who is considered suitable for active therapy.
61529	Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.
61538	FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.
61541	Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.
61553	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy.
61559	FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.
61560	FDG PET study of the brain, performed for the diagnosis of Alzheimer's Disease, if: (a) clinical evaluation of the patient by a specialist, or in consultation with a specialist, is equivocal; (b) includes a quantitative comparison of the results of the study with the results of an FDG PET study of a normal brain from a reference database. (c) 61560 has not been performed on the patient in the previous 12 months; (d) 61402 not been performed on the patient in the previous 12 months for the diagnosis or management of Alzheimer's disease.
61565	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.
61571	Whole body FDG PET study, for the 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 radiation therapy or combined modality therapy with curative intent.
61575	Whole body FDG PET study, for the 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.
61577	Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy.
61598	Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer.
61604	Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy
61610	Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.
61620	Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma.
61622	Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin or non-Hodgkin lymphoma.
61628	Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma.
61632	Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma.
61640	Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.
61646	Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.
61647	"Whole body 68Ga-DOTA-peptide PET study (including any associated computed tomography scans for anatomic localisation and attenuation correction) if: (a) a gastro-entero-pancreatic neuroendocrine tumour is suspected on the basis of biochemical evidence with negative or equivocal conventional imaging; or (b) both: (i) a surgically amenable gastro-entero-pancreatic neuroendocrine tumour has been identified on the basis of conventional techniques; and (ii) the study is for excluding additional disease sites"

Epworth Freemasons

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Your doctor has recommended you use Epworth Medical Imaging.
You may choose another provider but please discuss this with your doctor first.