



PET Imaging Request Form - Oncology

FRANKSTON PRIVATE

24-28 Frankston-Flinders Road Frankston 3199

Phone: 03 9238 8066

Fax: 03 9238 8055

Melway Ref. 102 F5

Free parking, 3 traffic lights from CBD on Eastlink.

PLEASE COMPLETE BOTH SIDES AND ENSURE FORM IS SIGNED BY THE REFERRING CONSULTANT

Patient Identification

SURNAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE NO: (h) _____

(m) _____

(w) _____

Or ID Sticker

PET Scan required by: ____ / ____ / ____

Patient Information

• Patient status at present OP or IP

If IP where ? _____

• Diabetic No IDDM NIDDM

• Is patient claustrophobic? Yes or No

Referring Consultant/Specialist _____ **Provider #** _____

Phone contact: - _____ Signature: - _____

Address for Films & Report: - _____

_____ Fax (if required): - _____

Medicare requires that to be reimbursable PET scans must be specialist referred.

Clinical Indication

Primary Site of Disease _____ Histology/pathology _____

1. Diagnosis

2. Staging

3. Re-staging

4. Therapeutic Monitoring

5. Other _____

Notes: _____

Recent Correlative Imaging

CT Date:- _____ Provider/where :- _____

MRI Date:- _____ Provider/where :- _____

Other Date:- _____ Provider/where :- _____

Please ensure patient brings films with them for their appointment.

Correlative Imaging - Relevant Findings

Patient Name: _____

Please select appropriate clinical indication below and complete column appropriate to your selection.

INCOMPLETE REFERRALS WILL NOT BE BOOKED

Staging/Diagnosis

- CERVIX** – Whole body FDG PET study, performed for the primary staging of proven carcinoma of the uterine cervix, prior to planned radical radiation therapy or combined modality therapy.
- SARCOMA** – Whole body FDG PET study to guide biopsy of suspected bone or soft tissue sarcoma, where structural imaging suggests lesional heterogeneity.
- Whole body FDG PET for staging of biopsy proven bone or soft tissue sarcoma being considered for resection of the primary or limited metastatic disease.
- BRAIN** – FDG PET study of the brain performed for the evaluation of a suspected primary brain tumour to guide surgical biopsy of the lesion and to assist in treatment planning.
- LUNG** – A whole body FDG PET study, performed for the evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration, or for which an attempt at pathological characterisation has failed.
- Whole body FDG PET study, performed for the primary staging of proven NSCLC, where curative surgery or radiotherapy is planned.
- LYMPHOMA** – Whole body FDG PET study for staging of newly diagnosed or previously untreated Hodgkin's or Non-Hodgkin's lymphoma.
- OESOPHAGUS** – Whole body FDG PET study, performed for the staging of proven oesophageal carcinoma, where curative surgery or chemoradiation is planned.
- HEAD AND NECK** – FDG PET study, performed for the primary staging of carcinoma of the head and neck.
- METASTATIC SCC** – FDG PET study, for the evaluation of metastatic squamous cell carcinoma involving cervical nodes from an unknown primary site.
- OTHER** (Non-Medicare funded)
- (Overseas Visitors)
Please contact department for out of pocket cost/expense.

Please specify _____

Restaging/Surveillance

- OVARIAN** – Whole body FDG PET study, performed for the evaluation of epithelial ovarian carcinoma with suspected tumour recurrence following initial therapy, based on equivocal anatomical imaging findings or an elevation of CA-125.
- SARCOMA** – Whole body FDG PET study for the evaluation of suspected residual or recurrent sarcoma on structural imaging after definitive therapy.
- BRAIN** – FDG PET study of the brain performed for the evaluation of a residual structural brain lesion based on anatomical imaging findings, after definitive therapy for glioma.
- LYMPHOMA** – Whole body FDG PET study for the evaluation of a residual mass after treatment of Hodgkin's or Non-Hodgkin's lymphoma.
- Whole body FDG PET study for restaging of suspected recurrent or residual Hodgkin's or Non-Hodgkin's lymphoma.
- MALIGNANT MELANOMA** – Whole body FDG PET study performed for the evaluation of apparently limited metastatic disease from malignant melanoma, where surgical resection is planned.
- COLORECTAL** – Whole body FDG PET study, performed in a symptomatic patient for the evaluation of a residual structural lesion, after definitive therapy for colorectal cancer.
- HEAD AND NECK** – FDG PET study for the further investigation of suspected residual or recurrent carcinoma of the head and neck.
- OTHER** (Non-Medicare funded)
- (Overseas Visitors)
Please contact department for out of pocket cost/expense.

Please specify _____

Stage by Clinical and/or Investigation Findings Performed Up to Time of Referral

T-stage Site: _____

N stage Location: _____

M stage Site(s): _____

Or AJCC Staging (where TNM not available)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Based on:

- 1. Clinical examination
- 2. Histology/Cytology
- 3. CT/MRI/US
- 4. Other _____

What would your management plan be if PET were unavailable. Choose one item only, the dominant therapeutic modality that would be planned:

- 1. Observation
- 2. Biopsy
- 3. Surgery
- 4. Radiotherapy
- 5. Chemotherapy
- 6. Combined Therapy
- 7. Other _____

Management Plan Intent

- 1. Curative
- 2. Palliative

Disease Status Based on Assessment Performed Up to Time of Referral

No evidence of disease

Local disease Site: _____

Locoregional disease Site: _____

Systemic disease Site(s): _____

Equivocal Location: _____

Based on:

- 1. Clinical examination
- 2. Histology/Cytology
- 3. CT/MRI/US
- 4. Other _____

What would your management plan be if PET were unavailable. Choose one item only, the dominant therapeutic modality that would be planned:

- 1. Observation
- 2. Biopsy
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