



**The Royal
Melbourne
Hospital**

PET Appointments:

9342 7480

Facsimile: 9342 7342

Website: <https://www.thermh.org.au/services/medical-imaging/imaging-services/nuclear-medicine-pet>

PET Department
2 North, Main Block
The Royal Melbourne Hospital
Royal Parade Parkville Vic 3050

Patient Details

Surname: Given Name:
Date of Birth: Phone Number: Mobile:
Address: Male Female

RMH UR Number:

Patient Checklist

Is the patient pregnant? Yes No Is the patient breastfeeding? Yes No
Is the patient diabetic? Yes No Is the patient asthmatic? Yes No
If yes list medication Is the patient claustrophobic? Yes No
Has the patient had a past reaction/allergy? Yes No If yes
Does the patient require an interpreter (to be organised by patient/carer)? Yes No
Will the patient arrive by assisted transport? Yes No Ambulance / Red Cross/ DVA

Preferred Date / Month of Study

Next Available or Month /Year

Indication for PET (Including histological tumour type)

Primary Site of Disease: **Tracer** FDG GA - PSMA \ 18F - PSR
Histology / Pathology: GATATE OTHER
Clinical Details: Patient weight kg
.....
 Diagnosis
 Staging – Clinical Stage T..... N..... M.....
 Therapeutic Monitoring – During Treatment Post-treatment
 Restaging – Clinical Assessment – NAD Local Regional Distant
Other (Please specify)



	Type	Cycle Length	Date of last treatment	Date of next treatment
<input type="checkbox"/> Surgery				
<input type="checkbox"/> Chemotherapy				
<input type="checkbox"/> Radiotherapy				

Report and Image Requirements (tick as required)

Emailed Report Mail

Copy of report to:
Please contact our Customer Liaison Officer on 0437 852 032 to discuss the option of accessing images via Synapse

Referring Doctor Details

Name: Provider No: Date:
Address:
Telephone: Fax: Signature:

Outpatient Bulk Billing Option

I elect to be bulk billed for this episode of care. Patient Signature: Date:

Timeout:
Patient Name Checked: Patient DOB Checked: Patient Address Checked: Patient UR Verified: **IS THE PATIENT PREGNANT:** Yes No Initial: