



PET Appointments:
9342 7480
 Facsimile: 9342 7342
 Website: [www.mh.org.au/Nuclear Medicine](http://www.mh.org.au/NuclearMedicine)

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 pregnant? 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: **Histology / Pathology:**
 Clinical Details:

 Diagnosis
 Staging – Clinical Stage T..... N..... M.....
 Therapeutic Monitoring – During Treatment Post-treatment
 Restaging – Clinical Assessment – NAD Local Regional Distant
 Other (Please specify).....

Tracer

- FDG
 GATATE
 GA - PSMA
 OTHER

Patient weight
 kg

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

Additional to the PET/CT, a full Diagnostic CT is required: Yes No If indicated by PET finding:

Investigation Requested: Brain Neck Chest Abdomen Pelvis

Report and Image Requirements (tick as required)

Emailed Report Faxed Report Mail (Report & Images)

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:

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



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PET/CT FDG Medicare Eligible Clinical Indicators

Medicare rebates are available to private patients referred by a specialist. If the clinical indication meets the published MBS criteria precised below and the requisite information on this form is fully completed.

Diagnosis/Staging

- Solitary pulmonary nodule (unsuitable/failed biopsy)
- Staging of newly diagnosed **Non-small Cell Lung cancer** been considered for curative treatment
- Staging of newly diagnosed **Head & Neck Cancer**
- Staging of **Oesophageal or GOJ cancer** being considered for active therapy
- Staging of **Cervical cancer** (>FIGO 1B2) prior to RT or combined therapy
- Staging of newly diagnosed **Indolent Non-Hodgkins Lymphoma if stage I or IIa and planned for definitive RT**
- Staging of newly diagnosed **Hodgkins or aggressive Non-Hodgkins Lymphoma**
- Staging of potentially curable **Sarcoma (except GIST)**
- Refractory **Epilepsy** being considered for surgery
- Staging of metastatic **Squamous Cell Carcinoma** of unknown primary involving cervical nodes

Restaging/Surveillance

- Suspected residual or recurrent malignant **Brain Tumour** on CT/MRI after definitive therapy
- Suspected residual or recurrent **Head & Neck cancer** suitable for active therapy
- Suspected residual, metastatic or recurrent **Colorectal Carcinoma** suitable for active therapy
- Cervical cancer** with confirmed recurrence suitable for radical treatment
- Suspected residual, metastatic or recurrent **Ovarian cancer**
- Response assessment** during or within 3 months of first line treatment of **Hodgkins or aggressive Non-Hodgkins Lymphoma**
- Response assessment of **Hodgkins or aggressive Non-Hodgkins Lymphoma** to second line chemotherapy
- Recurrence of **Hodgkins or aggressive Non-Hodgkins Lymphoma**
- Suspected recurrent or **Metastatic Melanoma** suitable for active therapy
- Suspected residual or recurrent **Sarcoma (except GIST)** following definitive therapy

PET/CT Medicare In-Eligible Clinical Indicators

Non funded indication may attract an out of pocket charge. Please contact the department with any questions.

Other clinical indication: (please specify)
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If study indication is Medicare in-eligible, the cost of the scan will be met by:

Referring Hospital Unit: Contact:
 Veteran's Affairs Card number:
 Patient