

PET-CT Imaging Request Form

For Appointments

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Ground Floor, 22 Frazer Street

Southport QLD 4215



Cancer Radiology and Therapy



Patient Name: _____ DOB: _____
Address: _____ Ph (H): _____
Ph (M): _____
Medicare: _____ Veteran Affairs: _____
Diabetes: NO / IDDM / NIDDM Do not send to Myhealth Records

CLINICAL HISTORY:

Primary Site: _____

Histopathology: _____

DETAILS:

PREVIOUS TREATMENT:

- Chemo
 Radiation
 Surgery
 Other _____

EXAMINATION - please select a CT option with a tick. This is a medicare requirement.

PET WITH DIAGNOSTIC CT (includes Head, Neck, Chest, Abdo, Thighs + Contrast, unless otherwise stated) **PET WITHOUT DIAGNOSTIC CT** (includes localisation CT only) eGFR _____
CONTRAST ALLERGY YES NO

INDICATIONS FOR MEDICARE ELIGIBLE PET

(Rebates only apply when referred by a Specialist. Other indications do not attract a Medicare rebate)

- | | |
|--|--|
| <input type="checkbox"/> PSMA (initial staging) 61563 | <input type="checkbox"/> Brain (performed for the diagnosis of Alzheimer's Disease) 61560 |
| <input type="checkbox"/> PSMA (restaging) 61564 | <input type="checkbox"/> Solitary Pulmonary Nodule 61523 |
| <input type="checkbox"/> Head & Neck (initial staging, recurrent) 61598 | <input type="checkbox"/> Melanoma (suspected residual / recurrent, following initial therapy) 61553 |
| <input type="checkbox"/> Head & Neck (residual) 61604 | <input type="checkbox"/> Non Small Cell Lung (staging of proven) 61529 |
| <input type="checkbox"/> SCC (metastatic, unknown primary inv cervical nodes) 61610 | <input type="checkbox"/> Oesophageal / GOJ (Performed for the staging of proven oesophageal or GEJ carcinoma) 61577 |
| <input type="checkbox"/> Breast (staging, locally advanced Stage III) 61525 | <input type="checkbox"/> Colorectal (Carcinoma (suspected residual, metastatic, recurrent)) 61541 |
| <input type="checkbox"/> Breast (residual, recurrent) 61525 | <input type="checkbox"/> Ovarian (suspected residual, metastatic, recurrent) 61565 |
| <input type="checkbox"/> Lymphoma (HL&NHL) (initial staging) 61620 | <input type="checkbox"/> Uterine / Cervical (staging, FIGO, stage IB2 or greater) 61571 |
| <input type="checkbox"/> Lymphoma (HL&NHL) (response) 61622 | <input type="checkbox"/> Uterine / Cervical (recurrent) 61575 |
| <input type="checkbox"/> Lymphoma (HL&NHL) (restaging recurrent) 61628 | <input type="checkbox"/> Bone / Soft Tissue Sarcoma (initial staging, excludes GIST) 61640 |
| <input type="checkbox"/> Lymphoma (HL&NHL) (prior to stem cell transplant) 61632 | <input type="checkbox"/> Bone / Soft Tissue Sarcoma (residual, recurrent, excludes GIST) 61646 |
| <input type="checkbox"/> Rare Cancer (initial staging, newly diagnosed rare or uncommon cancer) 61612 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rare Cancer (assessment of treatment response and recurrence) 61614 | |

NON MEDICARE ELIGIBLE PET

(incurs out of pocket fee)

- FDG PSMA F-DOPA AMYLOID OTHER

Details: _____

Doctor: _____ Signature: _____
Address: _____ Provider No: _____
Phone: _____ Copy Report: _____
Fax: _____ Date: _____