

Please complete both sides and ensure form is signed by the referring Consultant

1. Patient Details

First Name		Date of Birth	
Surname		Telephone No (H)	Telephone No (B)
Weight	kg	Height	cm/feet
Mobile Phone		Trial Name	
<input type="checkbox"/> Diabetic? IDDM/NIDDM	<input type="checkbox"/> Claustrophobic?	<input type="checkbox"/> Clinical Trial?	
Date Results Required By	<input type="checkbox"/> Urgent <input type="checkbox"/> Routine	Subject ID	Visit No

2. Clinical Indication

Primary Site of Disease	Histology / Pathology
Notes	

Please select the CMB Reimbursable Clinical Indication below if appropriate

Staging/Diagnosis

- Solitary Pulmonary Nodule (not suitable for transthoracic FNAB, or if attempt at pathological characterisation has failed).
- Staging of NSCLC (**Lung** carcinoma) being considered for curative surgery or radiotherapy.
- Staging of newly diagnosed or previously untreated **Hodgkin's** or **non-Hodgkin's Lymphoma** (excluding indolent NHL).
- Staging of biopsy proven newly diagnosed **Head and Neck** carcinoma.
- Evaluation of **metastatic squamous cell carcinoma** from an unknown primary involving cervical nodes.
- Staging of newly diagnosed **Oesophageal** carcinoma or **GEJ** in patients considered suitable for active therapy.
- Staging of histologically proven carcinoma of **Uterine Cervix** (FIGO stage IB2 or greater) prior to radiotherapy or combined modality therapy.
- Staging of biopsy-proven **Bone or Soft Tissue Sarcoma** (excluding GIST) considered by conventional staging to be potentially curable.
- Staging of locally advanced (stage III) **Breast** cancer being considered for active therapy.
- Staging of a **Rare or Uncommon Tumour** (<12 cases per 100,000 persons per year) being considered for active therapy.
- Other (non-funded clinical indication). Please specify:

Prostate (PSMA PET)

- Initial Staging** of intermediate to high-risk adenocarcinoma of the prostate.
- Restaging** of recurrent prostate adenocarcinoma.
- Other (no Medicare rebate) + CT Chest/Abdo/Pelvis.**

Restaging/Recurrence

- Assess response to first line therapy for **Hodgkin's** or **non-Hodgkin's Lymphoma** (either during treatment or within 3 months of completion).
- Restaging of confirmed recurrence of **Hodgkin's** or **non-Hodgkin's Lymphoma** (excluding indolent NHL).
- Assess response to second-line chemotherapy (when stem cell transplantation being considered) for **Hodgkin's** or **non-Hodgkin's Lymphoma**.
- Suspected residual or recurrent **Head and Neck** carcinoma (after definitive treatment in pts considered suitable for active therapy).
- Suspected residual, metastatic or recurrent **Colorectal** carcinoma considered for active therapy, following initial therapy.
- Suspected metastatic or recurrent **Malignant Melanoma** in patients considered suitable for active therapy, following initial therapy.
- Confirmed recurrence of **Uterine Cervix** carcinoma suitable for salvage chemoradiotherapy or exenteration.
- Suspected residual or recurrent **Malignant Brain Tumour** based on anatomical imaging findings in patients considered suitable for active therapy.
- Suspected residual or recurrent **Sarcoma (excluding GIST)** after initial therapy to assess suitability for subsequent curative treatment.
- Suspected residual, metastatic or recurrent of **Ovarian** carcinoma in patients suitable for active treatment, following initial therapy.
- Evaluation of refractory **Epilepsy** being evaluated for surgery.
- Suspected metastatic or recurrent **Breast** carcinoma, suitable for active therapy.
- Other (non-funded clinical indication). Please specify:

In addition to PET I wish to order a Diagnostic CT of

<input type="checkbox"/> Brain	<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Other Region
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Recent Correlative Imaging

<input type="checkbox"/> CT	Date	Where	Relevant Findings
<input type="checkbox"/> MRI	Date	Where	Relevant Findings
<input type="checkbox"/> Other	Date	Where	Relevant Findings

Medicare rebates are available to private patients referred by a **Specialist** if the clinical indication meets the above criteria.

Other non-funded indications will attract a fee that will be advised at the time of booking. There will be no Medicare or health fund rebate.

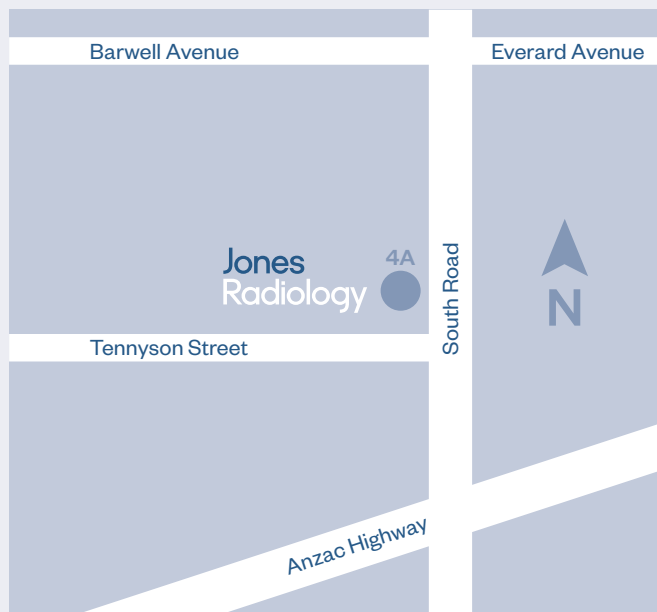
Referring Consultant / Specialist *Medicare requires that to be reimbursable, PET scans must be specialist referred.

Date

Signature

Copies of report to

Location Map



Kurralta Park (Tennyson Centre)

520 South Road, Kurralta Park, SA 5037
 Phone: 8193 9500 Fax: 8193 9550
 Country Freecall: 1800 804 887



SAHMRI (Clinical & Research Imaging Centre)

Northern Pod, SAHMRI Building
 North Terrace, Adelaide, SA 5000
 Phone: 8470 6750 Fax: 8470 6780

FREE PATIENT PARKING in the Convention Centre car park. Entry via North Terrace both directions. Redeem boom gate ticket at our Reception desk before you leave.

Your doctor has recommended you use Jones Radiology. You may choose another provider however it is important to discuss this with your doctor first.