



PATIENT DETAILS

Name: _____ DOB: _____ Phone: _____
Address: _____ Medicare No.: _____

CLINICAL HISTORY

Primary Site: _____ Histopathology: _____

Previous Treatment

Chemo: _____ Surgery: _____
 Radiation: _____ Other: _____

Details

EXAMINATION — Please select CT option with a tick. This is a Medicare requirement.

PET with Diagnostic CT (includes Head, Neck, Chest, Abdo, Pelvis, Thighs + Contrast, unless otherwise stated) **PET without Diagnostic CT** (includes localisation CT only, Vertex to Thigh)
 Include full lower leg Include full lower leg

INDICATIONS FOR MEDICARE ELIGIBLE PET (Rebates only apply when referred by a Specialist. Other indications do not attract a Medicare rebate)

- GA - 68**
- | | |
|---|---|
| <input type="checkbox"/> DOTA (GEP-NET, biochemical evidence, surgical planning, initial staging) 61647 | <input type="checkbox"/> Ovarian (suspected residual, metastatic, recurrent) 61565 |
| <input type="checkbox"/> DOTA (assess eligibility/monitor response for Lutetium-177 DOTA therapy) 61530 | <input type="checkbox"/> Uterine/Cervical (Staging, FIGO stage IB2 or greater) 61571 |
| <input type="checkbox"/> PSMA (initial staging) 61563 | <input type="checkbox"/> Uterine/Cervical (recurrent) 61575 |
| <input type="checkbox"/> PSMA (restaging, limit of 2 per lifetime through MBS) 61564 | <input type="checkbox"/> Oesophageal/GOJ (performed for the staging of proven oesophageal or GEJ carcinoma) 61577 |
| <input type="checkbox"/> PSMA (assess eligibility for Lutetium-177 PSMA therapy) 61528 | <input type="checkbox"/> Head & Neck (initial staging, recurrent) 61598 |
- FDG**
- | | |
|---|--|
| <input type="checkbox"/> Solitary Pulmonary Nodule 61523 | <input type="checkbox"/> Head & Neck (residual) 61604 |
| <input type="checkbox"/> Breast (Staging, locally advanced Stage III) 61524 | <input type="checkbox"/> SCC (metastatic unknown primary inv cervical nodes) 61610 |
| <input type="checkbox"/> Breast (Suspected metastatic or recurrent) 61525 | <input type="checkbox"/> Rare/Uncommon Cancer (initial staging) 61612 |
| <input type="checkbox"/> Non Small Cell Lung (staging of proven) 61529 | <input type="checkbox"/> Rare/Uncommon Cancer (response/restaging) 61614 |
| <input type="checkbox"/> Brain Tumor (malignant, suspected residual, recurrent) 61538 | <input type="checkbox"/> Lymphoma (HL&NHL) (initial staging) 61620 |
| <input type="checkbox"/> Brain (performed for the diagnosis of Alzheimer's disease) 61560 | <input type="checkbox"/> Lymphoma (HL&NHL) (response) 61622 |
| <input type="checkbox"/> Colorectal Carcinoma (suspected residual, metastatic, recurrent) 61541 | <input type="checkbox"/> Lymphoma (HL&NHL) (restaging recurrent) 61628 |
| <input type="checkbox"/> Melanoma (suspected residual/recurrent, following initial therapy) 61553 | <input type="checkbox"/> Lymphoma (HL&NHL) (prior to stem cell transplant) 61632 |
| <input type="checkbox"/> Refractory Epilepsy 61559 | <input type="checkbox"/> Bone/Soft Tissue Sarcoma (initial staging, excludes GIST) 61640 |
| | <input type="checkbox"/> Bone/Soft Tissue Sarcoma (residual, recurrent, excludes GIST) 61646 |

NON MEDICARE ELIGIBLE PET (Incurs out of pocket fee)

FDG DOTA PSMA OTHER
Details: _____

REFERRER (Doctor's Name, Provider Number and Date are a legal requirement)

Doctor's Name: _____ Provider No.: _____ Signature: _____
Address: _____
Phone: _____ Copy of Report to: _____ Date: _____

Please bring this referral form at time of examination

Thank you for choosing South Coast Radiology

For Appointments: 1300 197 297 bookings@scr.com.au scr.com.au

① How to Book?



Booking your appointment is quick and easy.

1. Scan the QR code or,
2. Visit scr.com.au to book online

OR

1300 197 297

Call one of our friendly team members to schedule your appointment.

② Your Appointment

Date: _____

Time: _____

Clinic location: _____

Please arrive 15 minutes prior to your appointment time.

You will receive detailed preparation instructions for your appointment at the time of booking.

③ Accessing your Images

South Coast Radiology offers iVue – our free Patient App and secure digital portal giving you convenient access to your medical imaging performed at South Coast Radiology. View your images anytime from your smartphone, tablet, or web browser. Share them with your healthcare providers or family, and easily request appointments when needed. Download our free iVue Patient App via the App store on your smart phone.

Please Note: Your images will reach your account 7 days after your appointment.

④ Clinic Locations

Nuclear Medical Imaging Centre

Ground Floor, 147 Smith Street,
Southport QLD
P. 07 5610 4777 F. 07 5648 0433

John Flynn Private Hospital

Level B3, Nuclear Medicine & Therapy
Centre, 42 Inland Drive, Tugun
P. 07 5610 4777 F. 07 5648 0433

Important Medicare Advice: Your referrer has recommended you use South Coast Radiology. You may choose another provider, but please discuss this with your referrer first.

Scan Preparation:

Failure to follow preparation information for your scan may result in a charge for the radioisotope ordered for you. Cancellation or rescheduling with less than 24 hours notice may also result in this charge.

FDG Scan

- Fast 6 hours prior to your appointment. No food, chewing gum, lollies or vitamins. (Diabetic patient's see additional instructions). Drink as much plain water as you like and use the toilet as needed. No strenuous exercise for at least 12 hours prior to appointment. Please remove metallic jewellery prior to your appointment. If you have non-diabetic medications, take them at your usual times with plain water.

Diabetic Patients for FDG Scan

- Diet Controlled** - Fast for 6 hours prior to your appointment.
- Non-Insulin Dependant** - If your appointment is before 12pm (noon), fast from midnight and DO NOT have breakfast or your oral diabetic medication. If your appointment is after 12pm (noon), have your normal breakfast with your oral diabetic medication, and then fast for 6 hours until your appointment.
- Insulin Dependant** - Your appointment should be mid-morning. Eat a normal breakfast along with your normal insulin dose. Then fast for 4 hours prior to your appointment. Contact us on 07 5610 4777 if you are concerned about your blood sugar levels on the day or if you have an insulin pump. Bring your insulin and some food with you on the day.

PSMA or DOTA SCAN

- Fast 4 hours prior to your appointment. Drink 1 litre of water, 1 hour prior to your appointment and use the toilet as needed. If you have medications, take them at your usual times with plain water.

On the Day of your Scan:

Please allow 2 - 2.5 hours for your appointment.

When you arrive, you will be asked to change into a gown and asked about your medical history. A small plastic needle will be placed into your vein in your arm or hand. Depending on the type of scan, your blood sugar will be measured. You will then receive an injection of a small amount of radioactive tracer. Depending on your examination, you will be required to rest quietly for 45 - 60 minutes in your own room in a comfortable recliner. You will not be able to have a family member or friend remain with you; staff will be present to monitor your needs.

After emptying your bladder, you will be asked to lie still on a scanning table for 15 - 30 minutes. Upon completion, you will be asked to remain in the department for 15 minutes. You may then leave.

During your exam you may be given contrast for the CT scan. Please inform us if you have an allergy or are pregnant or breastfeeding.

If you require sedation for your scan (claustrophobia), you will not be able to drive for 12 hours.

