SOUTH COAST RADIOLOGY

PET-CT Imaging Referral

PATIENT DETAILS

Name: _____ DOB: _____ Phone: _____

Address: _____

Medicare No.: _____ ☐ Do not send reports to My Health Record

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, unless otherwise stated*
- *performed **with** or **without** contrast (as per renal function and allergy status)*

☐ Include full lower leg

☐ **PET without Diagnostic CT**
- *includes localisation CT only, Vertex to Thigh*
- *CT images are not acquired or interpreted to diagnostic standards. No CT report provided.*

☐ 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

☐ **DOTA** *(GEP-NET, biochemical evidence, surgical planning, initial staging)*	*61647*
☐ **DOTA** *(assess eligibility/monitor response for Lutetium-177 DOTA therapy)*	*61530*
☐ **PSMA** *(initial staging)*	*61563*
☐ **PSMA** *(restaging, limit of 1 per year through MBS)*	*61564*
☐ **PSMA** *(assess eligibility for Lutetium-177 PSMA therapy)*	*61528*

FDG

☐ **Solitary Pulmonary Nodule**	*61523*
☐ **Breast** *(Staging, locally advanced Stage III)*	*61524*
☐ **Breast** *(Suspected metastatic or recurrent)*	*61525*
☐ **Non Small Cell Lung** *(staging of proven)*	*61529*
☐ **Brain Tumor** *(malignant, suspected residual, recurrent)*	*61538*
☐ **Brain** *(performed for the diagnosis of Alzheimer's disease)*	*61560*
☐ **Colorectal** *Carcinoma (suspected residual, metastatic, recurrent)*	*61541*
☐ **Melanoma** *(suspected residual/recurrent, following initial therapy)*	*61553*
☐ **Refractory Epilepsy**	*61559*
☐ **Ovarian** *(suspected residual, metastatic, recurrent)*	*61565*
☐ **Uterine/Cervical** *(Staging, FIGO stage IB2 or greater)*	*61571*
☐ **Uterine/Cervical** *(recurrent)*	*61575*
☐ **Oesophageal/GOJ** *(performed for the staging of proven oesophageal or GEJ carcinoma)*	*61577*
☐ **Head & Neck** *(initial staging, recurrent)*	*61598*
☐ **Head & Neck** *(residual)*	*61604*
☐ **SCC** *(metastatic unknown primary inv cervical nodes)*	*61610*
☐ **Other FDG Avid Cancer** *(initial staging)*	*61612*
☐ **Other FDG Avid Cancer** *(response/restaging)*	*61614*
☐ **Lymphoma** *(HL&NHL) (initial staging)*	*61620*
☐ **Lymphoma** *(HL&NHL) (response)*	*61622*
☐ **Lymphoma** *(HL&NHL) (restaging recurrent)*	*61628*
☐ **Lymphoma** *(HL&NHL) (prior to stem cell transplant)*	*61632*
☐ **Bone/Soft Tissue Sarcoma** *(initial staging, excludes GIST)*	*61640*
☐ **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

Patient Information

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

PET/CT 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 strenous 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 your require sedation for your scan (claustrophobia), you will not be able to drive for 12 hours.

Trusted by Doctors, Preferred by Patients

SOUTH COAST RADIOLOGY