

## PATIENT DETAILS

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Weight \_\_\_\_\_ Diabetic status  Y  N eGFR \_\_\_\_\_ eGFR Date \_\_\_\_\_

Diabetic Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Clinical Notes \_\_\_\_\_

### EXAMINATION

**PET-CT includes a low dose non-diagnostic CT for attenuation correction and anatomical localisation**

*Please select a PET option (this is a Medicare requirement)*

PET **without** Diagnostic CT

PET **with** Diagnostic CT *Specify BNCAPT & extremities:*

### TRACER

FDG

Ga-68 Dotatate

Ga-68/F18 PSMA

### CLINICAL INDICATION *(Please visit [www.mbsonline.gov.au](http://www.mbsonline.gov.au) for a list of Medicare subsidised services)*

Solitary Pulmonary Nodule	61523	Head & Neck <i>(staging)</i>	61598
Breast Stage III	61524	Head & Neck <i>(recurrent)</i>	61604
Breast Metastatic	61525	Squamous Cell Carcinoma (SCC)	61610
Non-Small Cell Lung	61529	Rare or Uncommon CA <i>(initial staging)</i>	61612
Brain Tumour	61538	Rare or Uncommon CA <i>(residual / recurrent)</i>	61614
Colorectal Carcinoma	61541	Lymphoma HL or NHL <i>(initial staging)</i>	61620
Melanoma	61553	Lymphoma HL or NHL <i>(therapy response)</i>	61622
Refractory Epilepsy	61559	Lymphoma HL or NHL <i>(restaging)</i>	61628
Brain – Alzheimer’s Disease	61560	Lymphoma HL or NHL <i>(post chemotherapy)</i>	61632
Ovarian	61565	Bone / Soft Tissue Sarcoma <i>(initial staging)</i>	61640
Uterine / Cervical Carcinoma <i>(primary staging)</i>	61571	Bone / Soft Tissue Sarcoma <i>(residual / recurrent)</i>	61646
Uterine / Cervical Carcinoma <i>(recurrent)</i>	61575	Neuroendocrine Tumour <i>(Dotatate)</i>	61647
Oesophageal / GOJ	61577	Neuroendocrine Neoplasm (NEN)	61530
OTHER <i>(funded OR unfunded)</i>		Lu-DOTA Treatment	16060

### PSMA

Initial *(staging)* 61563 Gleason score

Recurrence *(restaging)* 61564 PSA level

Whole body *(non-rebatable)* PSA Date

### PREVIOUS TREATMENT

Brachytherapy TURP

External Beam XRT Node Resection

Radical Prostatectomy Hormone Therapy

**Lake Imaging compassionate billing guidelines apply to eligible oncology patients for staging and/or review of their disease.**

Referrer \_\_\_\_\_

Provider No. \_\_\_\_\_ Date \_\_\_\_\_

Copy To \_\_\_\_\_

Signature \_\_\_\_\_

Do not send to My Health Record

### LAKE IMAGING USE ONLY

#### PET PROTOCOL

Vertex \_\_\_\_\_ Skull Base \_\_\_\_\_

Mid-thigh \_\_\_\_\_ Toes \_\_\_\_\_

Arms Up \_\_\_\_\_ Arms Down \_\_\_\_\_

#### CT PROTOCOL

IV Contrast \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

Region \_\_\_\_\_

Radiologist \_\_\_\_\_

## REFERRER USE ONLY

### RECENT CORRELATIVE IMAGING (Please send relevant results with patient)

CT	MRI	PET	Radiology Provider
Other			Imaging Date

### PRE-TEST TUMOUR STAGE

Stage	OR	Restage		
T	location		histology	basis for diagnosis
N	location			
M	location			
Stage			Primary not yet proven	No evidence of active disease

### MANAGEMENT PLAN (Other than this request)

Proof of diagnosis:	observation	needle biopsy	surgical biopsy	other:
Management modality:	surgery	radiotherapy	chemotherapy	
Treatment intent:	radical/curative	debulking/palliative	cytoreductive	
	first line	salvage		
Last surgery date		procedure:		n/a
Last chemo date		regimen:		n/a
Last radiation treatment date		site:		n/a

### OTHER RELEVANT INFORMATION

## PATIENT INSTRUCTIONS

Please contact us to make an appointment. At the time of booking, our staff will provide you with preparation instructions relevant to your examination.

Failure to follow preparation information for your scan may result in a charge for the radioisotope ordered for you.

You may also be charged a fee if you cancel your appointment with less than 24 hours notice.

### St John of God Hospital Ballarat

101 Drummond Street North, Ballarat VIC 3350

T: (03) 5304 9000 F: (03) 5304 9011

### St John of God Hospital Geelong

80 Myers Street, Geelong VIC 3220

T: (03) 5273 1300 F: (03) 5273 1319



### MAKE A BOOKING

Scan QR code or email referral  
bookings@lakeimaging.com.au

### APPOINTMENT DETAILS

DATE:

TIME:

*Your practitioner has recommended you attend Lake Imaging, however you may choose another provider.*