

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

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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: am / pm

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