



# PET Referral

## PATIENT INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MEDICARE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

REFERRER NAME: \_\_\_\_\_ PROVIDER NO: \_\_\_\_\_

REFERRER ADDRESS: \_\_\_\_\_ COPY REPORT TO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE INDICATE ON THE REVERSE SIDE, THE REASON FOR THE STUDY FOR MEDICARE PURPOSES.**

PLEASE INDICATE PATIENT'S NEXT APPOINTMENT WITH YOU OR OTHER SPECIALIST, TO DETERMINE URGENCY \_\_\_\_\_

### CLINICAL INFORMATION

PRIMARY SITE OF DISEASE AND HISTOLOGY (PLEASE PROVIDE IF AVAILABLE): \_\_\_\_\_

DATE OF DIAGNOSIS: \_\_\_\_\_

KNOWN LOCOREGIONAL DISEASE: \_\_\_\_\_

KNOWN DISTANT DISEASE: \_\_\_\_\_

RECENT SURGERY AND DATES: \_\_\_\_\_

CHEMOTHERAPY AND MOST RECENT DATE OF COMPLETION: \_\_\_\_\_

RADIOTHERAPY AND MOST RECENT DATE OF COMPLETION: \_\_\_\_\_

IMMUNOTHERAPY AND MOST RECENT DATE OF COMPLETION: \_\_\_\_\_

ADDITIONAL CLINICAL INFORMATION: \_\_\_\_\_

**YOUR DOCTOR HAS RECOMMENDED THAT YOU USE REGIONAL IMAGING.  
YOU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCUSS THIS WITH YOUR DOCTOR FIRST.**

## Appointments

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Albury Wodonga Health  
Albury Campus  
Borella Road  
Albury NSW 2640

Phone: 02 6058 8300

Fax: 02 6058 8399

Patient

Referrer

Clinical Notes

**INDICATION FOR PET SCAN: (please tick for Medicare purposes)**

	Item Number	Description
<input type="radio"/>	61523	Evaluation of solitary pulmonary nodule, if fine-needle biopsy not possible or unsuccessful.
<input type="radio"/>	61529	Staging of proven non-small cell lung cancer, if curative treatment planned.
<input type="radio"/>	61538	Evaluation of suspected residual or recurrent malignant brain tumour, if active treatment planned.
<input type="radio"/>	61541	Evaluation of suspected residual, metastatic or recurrent colorectal cancer after initial therapy, if active treatment planned.
<input type="radio"/>	61553	Evaluation of suspected metastatic or recurrent malignant melanoma after initial therapy, if active treatment planned.
<input type="radio"/>	61559	Evaluation of refractory epilepsy.
<input type="radio"/>	61565	Evaluation of suspected residual, metastatic or recurrent ovarian cancer after initial therapy, if active treatment planned.
<input type="radio"/>	61571	Staging of histologically proven carcinoma of the uterine cervix at stage 1B2 or greater, if active treatment planned.
<input type="radio"/>	61575	Staging of confirmed local recurrence of carcinoma of the cervix, if active treatment planned.
<input type="radio"/>	61577	Staging of proven oesophageal or GOJ carcinoma if active treatment planned.
<input type="radio"/>	61598	Staging of biopsy proven newly diagnosed or recurrent head and neck cancer.
<input type="radio"/>	61604	Evaluation of suspected residual head and neck cancer after definitive treatment, if active treatment planned.
<input type="radio"/>	61610	Evaluation of metastatic squamous cell carcinoma, of unknown primary, in cervical nodes.
<input type="radio"/>	61620	Initial staging of untreated Hodgkin's/non-Hodgkin's lymphoma.
<input type="radio"/>	61622	Assess response to first-line therapy during treatment or within 3 months of completing treatment for Hodgkin's/non-Hodgkin's lymphoma.
<input type="radio"/>	61628	Restaging following confirmed recurrence of Hodgkin's/non-Hodgkin's lymphoma.
<input type="radio"/>	61632	Assess response to second-line chemotherapy when stem cell transplantation is being considered for Hodgkin's/non-Hodgkin's lymphoma.
<input type="radio"/>	61640	Initial staging of biopsy proven bone or soft tissue sarcoma (excluding GIST) if curative treatment planned.
<input type="radio"/>	61646	Evaluation of suspected residual or recurrent sarcoma after initial therapy (excluding GIST) to determine suitability for further curative treatment.
<input type="radio"/>	61647	Ga-68 DOTATATE study to localise a suspected gastro-entero-pancreatic neuroendocrine tumour based on biochemical evidence with negative or equivocal imaging; or exclude metastatic disease if surgery for a primary lesion is being considered.
<input type="radio"/>		Evaluation of dementia (non-funded)
<input type="radio"/>		Other (non-funded)*

\*Non-funded clinical indications will attract a charge. Please contact the PET Centre for further information