



Patient Name: _____ Address: _____

Contact Number: _____ DOB: _____ Weight: _____

Clinical Details and History

REQUEST

- PET + Diagnostic CT
- PET + Diagnostic CT + MRI
- PET with A/C (non-diagnostic) CT only

PATIENT INFORMATION

- Diabetic No IDDM NIDDM
- Pregnant or Breast Feeding No Yes
- GFR

CLINICAL INDICATON

- SPN:** if unsuitable for transthoracic FNAB, or if attempt at pathological characterisation has failed (61523)
- BREAST CA:** STAGING of locally advanced (Stage III) Breast Ca (61524) or suspected metastatic or recurrent disease (61525)
- COLORETAL CA:** RE-STAGING of suspected residual, metastatic or recurrent disease (61541)
- OESOPHAGUS / GOJ CA:** STAGING of patients considered suitable for active therapy (61577)
- OVARIAN CA:** RE-STAGING of suspected residual, metastatic or recurrent disease in patients considered suitable for active therapy (61565)
- CERVIX CA:** STAGING of FIGO stage IB2 (or greater) prior to planned curative radiation therapy or combined modality therapy (61571)
- CERVIX CA:** RE-STAGING of confirmed local recurrence with planned curative salvage chemoradiotherapy or exenteration (61575)
- H&N CA:** STAGING of biopsy proven newly diagnosed or recurrent H&N cancer (61598)
- H&N CA:** RE-STAGING of suspected residual disease after definitive treatment in pts considered suitable for active therapy (61604)
- METASTATIC SCC:** STAGING of unknown primary involving cervical nodes (61610)
- NSCLC:** STAGING where curative surgery of radiotherapy is planned (61529)
- INDOLENT NHL:** STAGING for untreated stage 1 or 1 1A disease prior to proposed curative radiotherapy (61616)

LYMPHOMA
HD & NHL
excluding
indolent NHL

- STAGING of newly diagnosed or previously untreated disease (61620)
- RE-STAGING to assess response to 1st line treatment – either during treatment of within 3/12 of completion (61622)
- RE-STAGING of confirmed recurrence (61628)
- RE-STAGING to asses response to 2nd line chemo prior to stem cell transplantation (61632)

MELANOMA

- RE-STAGING suspected metastatic or recurrent disease in pts considered suitable for active therapy (61553)

SARCOMA
bone or
soft tissue

- STAGING of biopsy-proven disease (excluding GIST), considered to be potentially curable (61640)
- RE-STAGING of suspected residual or recurrent disease after initial therapy to assess suitability for subsequent curative treatment (61646)

PROSTATE

- PSMA** (not covered by Medicare) _____

BRAIN

- GLIOMA:** guide biopsy and assist post-therapy planning (or during chemo) in suspected residual/recurrent disease (61538)
- EPILEPSY:** refractory epilepsy which is being evaluated for surgery (61559)
- DEMENTIA / MEMORY LOSS** **OTHER** **NON-FDG: F18 FET**

Your Doctor has recommended you use Macquarie Medical Imaging. You may choose another imaging provider but please discuss with your Doctor first.

Referring Doctor: _____

Provider Number: _____

Date of request: _____

Signature

MMI will bulk bill Medicare eligible exams (the exams denoted by item codes).