PET imaging request

PET/CT available at City West Level 3, 18 North Terrace, Adelaide
For bookings telephone 8115 9600, fax 8115 9699, email citywest@bensonradiology.com.au

Benson radiology

Appointment details

Time | Date

Patient details

Name | DOB

Address | Weight (kg) | Height (cm)

Telephone (H)

Diabetic ☐ Yes ☐ No ☐ IDDM ☐ NIDDM | Telephone (M)

Claustrophobic ☐ Yes ☐ No | Clinical trial ☐ Yes ☐ No

Clinical indication

Primary site of the disease

Recent surgical/biopsy details

Recent chemotherapy | Date

Recent radiotherapy | Date and region

Date (or approximate date) of follow up with specialist | Date

Additional clinical information

Additional diagnostic imaging required

☐ In addition to PET/CT, **a full diagnostic CT** Region | ☐ **MRI** Region

☐ **Other** | ☐ **+/- U/S guided cannulation if required**

Recent correlative imaging

☐ **CT** Date Imaging provider

☐ **MRI** Date Imaging provider

☐ **Other** Date Imaging provider

Relevant findings

Referrer details (must be specialist referred for a Medicare rebate)

Doctor's name | Provider number

Telephone | Facsimile

Address

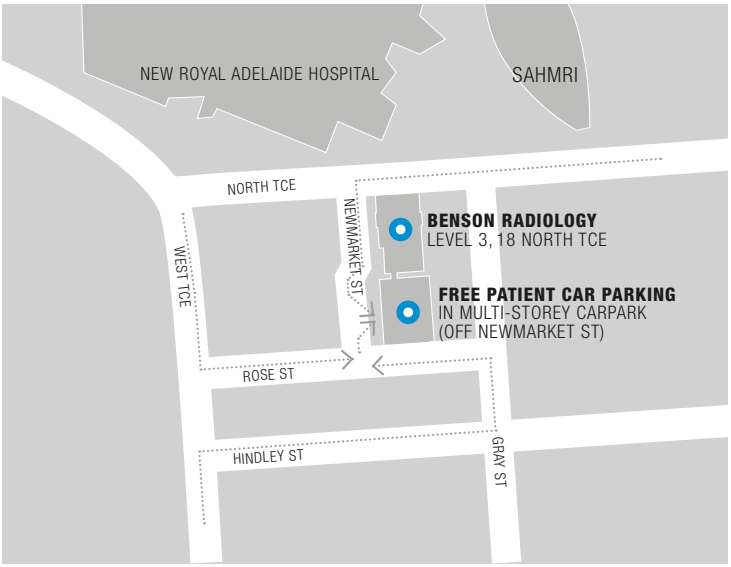
Signature | Date

Your doctor has recommended that you use Benson Radiology. Any change to this recommendation should be discussed with your doctor first.

Please complete both sides

Benson radiology

Free patient parking on level 3 of 18A, the multi-storey carpark directly behind our building (enter off Newmarket St)



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Staging/diagnosis

- ☐ **BREAST** Whole body FDG PET study for the staging of locally advanced (Stage III) breast cancer in a patient considered suitable for active therapy
- ☐ **SOLITARY PULMONARY NODULE** Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed
- ☐ **NON-SMALL CELL LUNG CANCER** Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned
- ☐ **MELANOMA** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy
- ☐ **CERVIX** Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent
- ☐ **OESOPHAGEAL AND JUNCTIONAL GASTRIC** Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy
- ☐ **HEAD & NECK** Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer
- ☐ **SQUAMOUS CELL CARCINOMA NECK NODES** Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes
- ☐ **LYMPHOMA: HODGKIN'S OR NON-HODGKIN'S** Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma
- ☐ **SARCOMA** Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable
- ☐ **EPILEPSY FDG PET** study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery
- ☐ **BRAIN FDG PET** for the diagnosis of Alzheimer Disease (limit 1 per year, 3 per lifetime)
- ☐ **PSMA** Whole body PSMA PET for staging of intermediate to high-risk prostate adenocarcinoma for a previously untreated patient. Maximum one service per lifetime.
  - ☐ + diagnostic CT abdo/pelvis
- ☐ **RARE AND UNCOMMON CANCERS** Whole body FDG PET study for the initial staging of eligible* rare cancer types for a patient who is considered suitable for active therapy. Applicable once per cancer diagnosis.
  ** To review eligible cancers please visit bensonradiology.com.au/rarecancers*

Restaging or surveillance

- ☐ **BREAST** Whole body FDG PET study for evaluation of suspected metastatic or recurrent breast carcinoma in a patient considered suitable for active therapy
- ☐ **COLORECTAL CARCINOMA** Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy
- ☐ **MELANOMA** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy
- ☐ **OVARIAN CANCER** Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy
- ☐ **HEAD & NECK RESTAGING** Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy
- ☐ **HEAD & NECK RECURRENCE** Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head and neck cancer
- ☐ **LYMPHOMA RESPONSE** Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma
- ☐ **LYMPHOMA RECURRENCE** Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma
- ☐ **LYMPHOMA PRE TRANSPLANT** Whole body FDG PET study to assess response to second-line chemotherapy when stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma
- ☐ **CERVIX** Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent
- ☐ **BRAIN TUMOUR FDG PET** study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy
- ☐ **SARCOMA** Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent
- ☐ **PSMA** Whole body PSMA PET for restaging of recurrent prostate adenocarcinoma for a patient that has undergone prior therapy (PSA increase of 2ng/mL after radiotherapy, failure of PSA to fall to undetectable levels, rising PSA after radical prostatectomy). Maximum two services per lifetime.
  - ☐ + diagnostic CT abdo/pelvis

Non-Medicare eligible indications

- ☐ **OTHER:**
  Please specify .....