PET imaging request

PET/CT available at: City West Windsor Gardens Level 3, 18 North Terrace, Adelaide - Tel 8115 9600 Fax 8115 9699 Level 1, 480 North East Road - Tel 8766 3000 Fax 8766 3099



	Appointment details	
	Time	Date
Patient details		
	Name	DOB
	Address	Weight (kg) Height (cm)
		Diabetic Yes No IDDM NIDDM
	Telephone (M)	Claustrophobic Yes No
Clinical indication		
	Primary site of the disease	
	Recent chemotherapy Date	Recent radiotherapy Date and region
	Date (or approximate date) of follow up with specialist	
Medicare clinical indications - for full descriptions, please see back of form		
	ALL FDG Avid Cancer Head and Neck Cancer 61612 - Staging 61598 - Staging new or re 61614 - Suspected residual, metastatic or recurrent 61604 - Suspected residual Brain (FDG) Lymphoma (Hodgkin or Non 61560 - Alzheimer's disease 61620 - Staging 61559 - Epilepsy 61628 - Recurrence/Resta 61526 - Suspected metastatic or recurrent 61632 - Pre stem cell transment 61527 - Suspected metastatic or recurrent 61523 - SPN 61571 - Staging (Stage IB2) Melanoma 61575 - Recurrence 61553 - Suspected residual, metastatic or recurrent Colorectal Cancer 61571 - Staging (Stage IB2) 61571 - Staging (Stage IB2) Melanoma 61573 - Suspected residual, metastatic or recurrent 61573 - Suspected residual	al Prostate Cancer (PSMA) Hodgkin) 61563 - Staging (Intermediate or High Risk) - PSA level ment 61564 - Restaging - PSA level aging 61640 - Staging isplant 61646 - Suspected residual or recurrent SCC 61610 - Unknown primary involving cervical nodes Other: (Non-Medicare eligible indications) 0 al, metastatic or recurrent Please specify:
Additional diagnostic imaging required		
In addition to PET/CT, a full diagnostic CT Brain Neck Chest Abdomen Pelvis Other region		
Recent correlative imaging		
	CT Date	Imaging provider
	MRI Date	Imaging provider
	Other Date	Imaging provider
Referrer details (must be specialist referred for a Medicare rebate)		
	Doctor's name	
	Provider number	Telephone
	Signature	Date

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

Benson radiology

City West Level 3, 18 North Terrace, Adelaide

Tel 8115 9600 Email citywest@bensonradiology.com.au

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



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 turnour) 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

FDG Avid Cancer Staging Whole body FDG PET study for the initial staging for a patient who is considered suitable for active therapy.

Windsor Gardens Level 1, 480 North East Road

Tel: 8766 3000 Email: windsorgardens@bensonradiology.com.au Ample free parking available on site



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.

FDG Avid Cancer Restaging Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy.