



# PET-CT Imaging Referral

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Medicare No: \_\_\_\_\_

PATIENT DETAILS

## CLINICAL HISTORY

Primary Site: \_\_\_\_\_ Histopathology: \_\_\_\_\_

## DETAILS:

NOTES

**EXAMINATION** – Please select a CT option with a tick. This is a Medicare requirement.

- PET with Diagnostic CT** (Includes Head, Neck, Chest, Abdo, Pelvis, Thighs + Contrast, unless otherwise stated)  
 **PET without Diagnostic CT** (Includes localisation CT only, Vertex to Thigh)

**INDICATIONS FOR MEDICARE ELIGIBLE PET** (Rebates only apply when referred by a **Specialist**. Other indications do not attract a Medicare rebate)

### GA - 68

- |  |   |
|--|---|
| <input type="checkbox"/> PSMA (Initial staging) 61563                                  | <input type="checkbox"/> Uterine/Cervical (Staging, FIGO stage 182 or greater) 61571                              |
| <input type="checkbox"/> PSMA (Restaging) 61564  | <input type="checkbox"/> Uterine/Cervical (Recurrent) 61575   |
| <input type="checkbox"/> PSMA (assess eligibility for Lutetium-177 PSMA therapy) 61528 | <input type="checkbox"/> Oesophageal/GOJ (Performed for the staging of proven oesophageal or GEI carcinoma) 61577 |

### FDG

- |   |  |
|---|--|
| <input type="checkbox"/> Solitary Pulmonary Nodule 61523  | <input type="checkbox"/> Head & Neck (Initial staging, recurrent) 61598                      |
| <input type="checkbox"/> Breast (Staging, locally advanced Stage III) 61524                       | <input type="checkbox"/> Head & Neck (Residual) 61604  |
| <input type="checkbox"/> Breast (Suspected metastatic or recurrent) 61525                         | <input type="checkbox"/> SCC (Metastatic, unknown primary inv cervical nodes) 61610          |
| <input type="checkbox"/> Non Small Cell Lung (Staging of proven) 61529                            | <input type="checkbox"/> Rare/Uncommon Cancer (Initial staging) 61612                        |
| <input type="checkbox"/> Brain Tumour (Malignant, suspected residual, recurrent) 61538            | <input type="checkbox"/> Rare/Uncommon Cancer (Response/restaging) 61614                     |
| <input type="checkbox"/> Brain (Performed for diagnosis of Alzheimer's Disease) 61560             | <input type="checkbox"/> Lymphoma (HL&NHL) (Initial staging) HL 61620                        |
| <input type="checkbox"/> Colorectal Carcinoma (Suspected residual metastatic, recurrent) 61541    | <input type="checkbox"/> Lymphoma (HL&NHL) (Response) 61622                                  |
| <input type="checkbox"/> Melanoma (Suspected residual/recurrent, following initial therapy) 61553 | <input type="checkbox"/> Lymphoma (HL&NHL) (Restaging recurrent) 61628                       |
| <input type="checkbox"/> Refractory Epilepsy 61559  | <input type="checkbox"/> Lymphoma (HL&NHL) (Prior to stem cell transplant) 61632             |
| <input type="checkbox"/> Ovarian (Suspected residual, metastatic, recurrent) 61565                | <input type="checkbox"/> Bone/Soft Tissue Sarcoma (Initial staging, excludes GIST) 61640     |
|   | <input type="checkbox"/> Bone/Soft Tissue Sarcoma (Residual, recurrent, excludes GIST) 61646 |

EXAMINATION

**NON MEDICARE ELIGIBLE PET** (Incurs out of pocket fee)

- FDG**     **OTHER**    Details: \_\_\_\_\_

Name: \_\_\_\_\_  
 Provider number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Copies to: \_\_\_\_\_

Signature \_\_\_\_\_  
 Date \_\_\_\_\_

REFERRING DR

- Urgent    Ph: \_\_\_\_\_     Allergies \_\_\_\_\_

**Appointments**  
**1300 697 226**  
 scradiology.com.au  
 SUN 443834 PET CT Referral Form A4

### Medical Imaging Final Check

MIT initials: \_\_\_\_\_

- 3 Patient identification check verified     Correct side & site verified     Procedure & consent verified     Pregnancy excluded



Please consider the environment  
**CHOOSE TO GO FILMLESS**  
 All images are digitally stored for future online access or printing if required

## ① How to book?



### Follow 2 simple steps to get a call back

1. Scan the QR code
2. Upload a photo of referral front page.

**Done!** We will contact you shortly.

**Please send through your referral prior to making an appointment**

OR

# 1300 697 226

bookings@scradiology.com.au

scradiology.com.au/booking

## ② Your appointment

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

Preparation: \_\_\_\_\_

Appointment time: \_\_\_\_\_

*Please arrive 15 minutes prior to your appointment time*

*For preparation instructions please refer to [scradiology.com.au](http://scradiology.com.au)*

## ③ What's important?

### On the Day of your Scan

#### Please allow 2-2.5 hours for your appointment.

When you arrive, you will be asked to change into a gown and asked about your medical history. A small plastic needle will be placed into a vein in your arm or hand. Depending on the type of scan, your blood sugar will be measured.

You will then receive an injection of a small amount of radioactive tracer. Depending on your examination, you will be required to rest quietly for 45-60 minutes in your own room in a comfortable recliner chair. You will not be able to have a family member or friend remain with you; staff will be present to monitor your needs.

After emptying your bladder, you will be asked to lie still on a scanning table for 15-30 mins. Upon completion, you will be asked to remain in the department for 15 minutes. You may then leave.

During your exam you may be given contrast for the CT scan. Please inform us if you have an allergy or are pregnant or breastfeeding.

If you require sedation for your scan (claustrophobia), you will not be able to drive for 12 hours.

### Scan Preparation

#### FDG Scan

- Fast 6 hours prior to your appointment. No food, chewing gum, lollies or vitamins. (Diabetic patient's see additional instructions). Drink as much plain water as you like and use the toilet as needed. No strenuous exercise for at least 12 hours prior to appointment. Please remove metallic jewellery prior to your appointment. If you have non-diabetic medications, take them at your usual times with plain water.

#### Diabetic Patients for FDG Scan

##### Non-Insulin Dependant

If your appointment is before 12pm (noon), fast from midnight and DO NOT have breakfast or your oral diabetic medication. If your appointment is after 12pm (noon), have your normal breakfast with your oral diabetic medication, and then fast for 6 hours until your appointment.

##### Insulin Dependant

Your appointment should be mid-morning. Eat a normal breakfast along with your normal insulin dose. Then fast for 4 hours prior to your appointment. You cannot take insulin for 4 hours before your appointment. Contact us on 07 5455 8955 if you are concerned about your blood sugar levels on the day or if you have an insulin pump. Bring your insulin and some food with you on the day.

##### PSMA Scan

Fast 4 hours prior to your appointment. Drink 1 litre of water, 1 hour prior to your appointment and use the toilet as needed. If you have medications, take them at your usual times with plain water.

## ④ Where to go? PET-CT Imaging only available at our Noosa clinic

Noosa Civic Medihub, 28 Eenie Creek Rd, Noosaville 4566

P 5455 8955 F 5455 8990

Open Monday to Friday, 8am - 5pm

Services also available at Noosa

**General X-Ray | Ultrasound | MRI | CT | PET-CT | Interventional Procedures**

For more  
information on our  
13 clinics across  
Sunshine Coast,  
scan the QR code

