

## PET-CT REFERRAL

### PATIENT DETAILS

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Medicare: \_\_\_\_\_ Clinical trial / ID no.: \_\_\_\_\_

### EXAMINATION

☐ **PET with Whole Body Diagnostic CT (Head, Chest, Abdo, Pelvis)**☐ Plus Extremity (eg. Melanoma, Sarcoma, Myeloma, PUO, Vasculitis/Arteritis, Rheumatological or where limb involvement suspected)☐ **PET with localised diagnostic CT (please tick region/s)**☐ Head ☐ Neck ☐ Chest ☐ Abdo ☐ Pelvis ☐ Extremity☐ **PET with Non-Diagnostic CT (attenuation correction)**

### CLINICAL NOTES

- ☐
- Contrast Allergy**
- 
- ☐
- Renal Impairment**
- 
- ☐
- Diabetic**

#### PSMA

PSA:

Gleason score/ISUP grade group:

### INDICATIONS

#### MBS ELIGIBLE ITEMS

☐ **Solitary Pulmonary Nodule (61523)**☐ **Non-Small Cell Lung cancer (61529)**☐ **Colorectal Carcinoma (61541)**☐ **Oesophageal/GOJ (staging) (61577)**☐ **Melanoma (61553)**☐ **Ovarian Carcinoma (61565)**

#### Breast

☐ Staging (locally advanced) (61524)☐ Suspected metastatic or recurrent (61525)

#### Brain

☐ Residual or Recurrent Malignant Tumour (61538)☐ Refractory Epilepsy (61559)☐ Diagnosis of Alzheimer's (61560)

#### Cervix Carcinoma

☐ Primary Staging (61571)☐ Restaging (61575)

#### Other FDG Avid Cancers

☐ Staging (61612)☐ Restaging (61614)

#### Metastatic SCC Cervical Nodes

☐ Unknown Primary (61610)

#### Head & Neck

☐ Staging (61598)☐ Restaging (61604)

#### Hodgkins or NHL

☐ Initial staging (61620)☐ First line therapy response (61622)☐ Restaging (61628)☐ Second line therapy response (61632)

#### Sarcoma (excluding GIST)

☐ Staging (61640)☐ Restaging/Residual/Recurrent (61646)

#### PSMA

☐ Prostate staging (61563)☐ Prostate recurrence  
(61564)☐ Assessment for suitability  
of Lu177 PSMA therapy  
(61528)

#### MBS NON ELIGIBLE ITEMS

☐ Other FDG PET☐ Other PSMA PET☐ Amyloid☐ FES☐ FET☐ Y90 SIRT☐ Prostate Theranostics☐ Other*MBS items must be specialist referred. MBS ineligible items will incur an out of pocket fee.*

### REFERRING PRACTITIONER

Name:

Provider number:

Phone:

Fax:

Follow up appointment:

Send copy to:

Signature:

Date:

**PET SPECIALIST**  
Dr Tim Campbell



# SOUTH EAST RADIOLOGY

| Clinic          | Address                                                                 | Phone        | Fax          | X-ray | Dental & OPG | CT +CTCA +CTCS      | Nuclear medicine | PET-CT | BMD/DXA | Ultrasound | Echocardiography | MRI | Mammography |
|-----------------|-------------------------------------------------------------------------|--------------|--------------|-------|--------------|---------------------|------------------|--------|---------|------------|------------------|-----|-------------|
| Batemans Bay    | 22-24 Pacific St, NSW                                                   | 02 4472 6012 | 02 4472 7122 | •     |              | •                   |                  |        | •       | •          | •                |     |             |
| Bega            | 16 Canning St, NSW                                                      | 02 6492 4225 | 02 6492 4230 | •     | •            | •<br>+CTCS          | •                |        | •       | •          | •                | •   |             |
| Bowral Hospital | Bowral District Hospital<br>Sheffield Rd, NSW                           | 02 4861 4555 | 02 4861 5388 | •     |              | •                   |                  |        |         | •          |                  |     |             |
| Bowral Street   | 70-72 Bowral St, NSW                                                    | 02 4861 3833 | 02 4862 1371 | •     | •            | •<br>+CTCA<br>+CTCS |                  |        | •       | •          |                  | •   | •           |
| Merimbula       | 5/93 Main St, NSW                                                       | 02 6495 3344 | 02 6495 3345 | •     | •            | •                   |                  |        |         | •          |                  |     |             |
| Moruya          | 11 Mirrabooka Ave, NSW                                                  | 02 4474 0359 | 02 4474 0387 | •     | •            | •<br>+CTCS          | •                |        |         | •          |                  | •   | •           |
| Nowra           | 33 Berry St, NSW                                                        | 02 4422 1500 | 02 4422 9605 | •     | •            | •<br>+CTCS          | •                | •      | •       | •          |                  | •   | •           |
| Tahmoor         | Tahmoor Shopping Village<br>Shop 3 & 4<br>161-173 Remembrance Dr<br>NSW | 02 4681 0608 | 02 4681 9780 | •     | •            | •                   |                  |        | •       | •          |                  |     |             |
| Ulladulla       | 2/15 Boree St, NSW                                                      | 02 4455 5433 | 02 4454 2960 | •     | •            | •<br>+CTCS          | •                |        | •       | •          |                  |     | •           |

## APPOINTMENT DETAILS

Appointment Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Appointment Notes: \_\_\_\_\_



**REQUEST AN APPOINTMENT**  
**[southeastradiology.com.au](http://southeastradiology.com.au)**

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