



THE NUCLEAR MEDICINE & PET DEPARTMENT NEPEAN HOSPITAL
Drs Bui, Mansberg, Nguyen and Associates

- Routine. Urgent. Fax/Ring me with the results on: _____
 Semi-Urgent. Results needed by: ____/____/____

Appointment Date: ____/____/____ **Appointment Time:** _____:

PET/CT

PATIENT NAME: _____
 OUTPATIENT INPATIENT & WARD: _____
MRN: _____ **D.O.B:** ____/____/____
ADDRESS: _____ **TEL:** (H) _____

(W) _____
(M) _____

ONCOLOGY CLINICAL INFORMATION:

- PREVIOUS PET SCAN: YES NO WHERE: _____
 PRIMARY DISEASE SITE: _____
 RADIOTHERAPY: LAST: ____/____/____ NEXT: ____/____/____
 CHEMOTHERAPY: LAST: ____/____/____ NEXT: ____/____/____
 SURGERY: _____

ADDITIONAL CLINICAL INFORMATION:

PET INDICATIONS – Please tick ONE only

- | | |
|--|--|
| <input type="checkbox"/> SOLITARY PULMONARY NODULE evaluation 61523 | <input type="checkbox"/> OVARIAN CARCINOMA residual/metastatic/recurrent 61565 |
| <input type="checkbox"/> NON-SMALL CELL LUNG CANCER staging 61529 | <input type="checkbox"/> UTERINE CERVIX CARCINOMA primary staging 61571 |
| <input type="checkbox"/> HL or NHL initial staging 61620 | <input type="checkbox"/> UTERINE CERVIX CARCINOMA recurrent cancer 61575 |
| <input type="checkbox"/> HL or NHL assess response to first line therapy 61622 | <input type="checkbox"/> SARCOMA staging 61640 |
| <input type="checkbox"/> HL or NHL restaging 61628 | <input type="checkbox"/> SARCOMA residual or recurrent 61646 |
| <input type="checkbox"/> HL or NHL assess response to second line chemotherapy 61632 | <input type="checkbox"/> BREAST CANCER Stage III 61524 |
| <input type="checkbox"/> HEAD & NECK CANCER staging or recurrent cancer 61598 | <input type="checkbox"/> BREAST CANCER suspected metastatic or recurrent 61525 |
| <input type="checkbox"/> HEAD & NECK CANCER suspected residual 61604 | <input type="checkbox"/> MALIGNANT BRAIN TUMOUR residual or recurrent 61538 |
| <input type="checkbox"/> METASTATIC SCC cervical lymph nodes 61610 | <input type="checkbox"/> DEMENTIA Alzheimer's disease 61560 |
| <input type="checkbox"/> MELANOMA suspected metastatic or recurrent 61553 | <input type="checkbox"/> UNFUNDED |
| <input type="checkbox"/> REFRACTORY EPILEPSY pre-surgery. 61559 | <input type="checkbox"/> MYOCARDIAL VIABILITY including Myocardial Perfusion. |
| <input type="checkbox"/> COLORECTAL CARCINOMA residual/metastatic/ recurrent 61541 | <input type="checkbox"/> OTHER (please provide additional information) |
| <input type="checkbox"/> OESOPHAGEAL or GEJ CARCINOMA staging 61577 | _____
_____ |
| <input type="checkbox"/> Ga68-DOTA suspected/proven NET 61647 | _____ |

ADDITIONAL IMAGING: DIAGNOSTIC CT

- CHEST ABDOMEN & PELVIS CHEST, ABDOMEN & PELVIS BRAIN
 NECK HEAD, NECK & CHEST OTHER-(Please indicate): _____
CREATININE: _____ DATE: ____/____/____ eGFR: _____ DATE: ____/____/____

REFERRING SPECIALIST DETAILS:

Dr. _____ PROVIDER No: _____
ADDRESS: _____ TEL: _____

FAX: _____

PAGE: _____
SIGNATURE: _____ DATE: ____/____/____

PATIENT INFORMATION.

PET/CT PROCEDURE:-

A PET (Positron Emission Tomography) study involves the injection of a small amount of radioactive tracer which can be imaged throughout your body. PET scans can be used to help diagnose a variety of diseases including cancers, as well as cardiac and brain conditions.

The PET study is a simple procedure which takes 2-4 hours. After the administration of the radiotracer you will be required to rest in an 'uptake' room for a period of time prior to your scan. The duration of the scan is between 15-45 minutes. Once the procedure has been completed you will be able to leave the department and go about your normal daily activities.

PATIENT PREPARATION.

- Fast for a minimum of 6 hours prior to your appointment (inc. NO chewing gum, lollies and lozenges)
- You may drink plain water.
- Wear warm, comfortable clothing. Please ensure that your neck is VERY warm by wearing a scarf.
- Avoid strenuous activity 24 hours prior to your scan.
- Take all non-diabetic medications as required.
- Please remove all metal items, including underwire bras, prior to your scan.
- Please bring all recent medical imaging films/cd's to your appointment.
- You **MUST** notify the department if you could be pregnant or are breast feeding.

FOR DIABETIC PATIENTS

• DIET CONTROLLED:-

Follow normal preparation

• TAKING ORAL MEDICATION or INSULIN :-

Do not take your diabetic medication or insulin on the morning of the test. Please bring your diabetic medication and/or insulin with you to take at the completion of the study.

WHERE TO GO.

The Nuclear Medicine Department is on Level 2 West Block at Nepean Hospital, Cnr Parker and Derby Streets, Penrith. There are multiple car parking stations on site at a cost.

