

San Radiology & Nuclear Medicine

PET-CT Request

Please scan here to request an appointment



SYDNEY ADVENTIST HOSPITAL
185 Fox Valley Rd, Wahroonga NSW 2076

PET-CT
Level 2, Tulloch Building Suite 216
E: nmadmin@sah.org.au

Patient Name: _____ D.O.B: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____ MRN: _____

Is this patient part of a Clinical Trial? Yes No. If yes, Name of trial _____

PET-CT EXAMINATIONS (MEDICARE ELIGIBLE INDICATIONS - SPECIALIST REFERRAL ONLY)

All examinations below utilise 18F-FDG unless indicated

LYMPHOMA

- 61620 Lymphoma (Staging)
- 61622 Lymphoma (Post Therapy – 1st Line)
- 61628 Lymphoma (Restaging)
- 61632 Lymphoma (Post Therapy – 2nd Line)

LUNG

- 61529 NSCLC (Staging)
- 61523 Solitary Pulmonary Nodule (Diagnosis)

BREAST

- 61524 Breast Ca Stage III (Staging)
- 61525 Breast Ca (Staging/Restaging)

MELANOMA

- 61553 Melanoma (Post Therapy/Restaging)

PROSTATE

- F-18 PSMA (DCFPyL) or Ga-68 PSMA
 - 61563 Prostate (Staging)
 - 61564 Prostate (Restaging)
- F-18 PSMA 1007
 - 61563 Prostate (Staging)
 - 61564 Prostate (Restaging)

GIT

- 61577 Oesophageal/GOJ Ca (Staging)
- 61541 Colorectal Ca (Post Therapy/Restaging)

HEAD & NECK

- 61598 Head & Neck Ca (Staging)
- 61604 Head & Neck Ca (Restaging)
- 61610 Metastatic SCC unknown primary (Staging)

SARCOMA

- 61640 Sarcoma (Staging)
- 61646 Sarcoma (Restaging)

BRAIN

- 61538 Brain (Restaging)
- 61559 Epilepsy (Diagnosis)
- 61560 Alzheimer's (Diagnosis)

NET GALLIUM-68 DOTATATE

- 61647 GEP NET [DOTATATE] (Staging)

GYNAE

- 61565 Ovarian Ca (Post Therapy/Restaging)
- 61571 Uterine Cervix Ca (Staging)
- 61575 Uterine Cervix Ca (Restaging)

OTHER

- 61612 Rare and Uncommon Cancers (Staging) (refer to the item descriptor on the back of this form, including examples of eligible rare and uncommon cancers)

Type of cancer _____

PET-CT EXAMINATIONS (NON-MEDICARE ELIGIBLE INDICATIONS)

- Gallium-68 DOTATATE
- FDG
- PSMA (Prostate)
- Other _____

+DIAGNOSTIC CT as per protocol or specify region: _____

CLINICAL NOTES

Date for follow-up consultation: _____

REFERRER DETAILS

Name: _____ Provider No: _____

Address: _____

Copy to: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first. For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

RECENT TREATMENT DATES

Surgery: _____

RT: _____

Chemo: _____

OTHER RELEVANT INFORMATION

For PSMA (Prostate):

Current PSA _____ (ng/mL) Date: ____ / ____ / ____

Is the patient on Octreotide / Somatostatin Treatment? (DOTATATE ONLY) YES NO

If YES, next planned Treatment is on: ____ / ____ / ____

Is this for RT Planning? YES NO

If YES, is a mask required? YES NO

Could the patient be pregnant? YES NO

Is the patient diabetic? YES NO

If YES, IDDM NIDDM

Previous contrast allergy? YES NO

For patients >60yrs or with renal insufficiency:

Current Creatinine: _____

eGFR: _____ Date: ____ / ____ / ____

PLEASE TICK TO OPT OUT OF PRINTED IMAGES
All images are available online

PATIENT PREPARATION

GENERAL INSTRUCTIONS:

- Please bring your Medicare/DVA card.
- Please bring all relevant prior imaging.
- Wear comfortable warm clothing with no metal components.

PSMA or DOTATATE PET INSTRUCTIONS:

- Please ask at the time of making your appointment.

FDG PET INSTRUCTIONS:

If you are DIABETIC please discuss preparation requirements at the time of making your appointment.

- Fast for 6 hours. Water is allowed. No chewing gum or vitamins.
- Drink plenty of water and use the toilet as required.
- No strenuous exercise for 24 hours prior to your scan.
- Continue all NON-DIABETIC medications as normal.



MEDICARE ELIGIBLE INDICATIONS AND CRITERIA

	MBS ITEM	INDICATIONS	PURPOSE
LYMPHOMA	61620	Lymphoma Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin or non-Hodgkin lymphoma.	Staging
	61622	Lymphoma 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 or non-Hodgkin lymphoma.	Post Therapy
	61628	Lymphoma Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin or non-Hodgkin lymphoma	Restaging
	61632	Lymphoma Whole body FDG PET study to assess response to second-line chemotherapy if haemopoietic stem cell transplantation is being considered for Hodgkin or non-Hodgkin lymphoma.	Post Therapy
LUNG	61523	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.	Diagnosis
	61529	NSCLC Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.	Staging
HEAD & NECK	61598	Head & Neck Whole body FDG PET study performed for the staging of biopsy-proven newly diagnosed or recurrent head & neck cancer.	Staging
	61604	Head & Neck Whole body FDG PET study performed for the evaluation of patients with suspected residual head & neck cancer after definitive treatment, and who are suitable for active therapy	Restaging
	61610	Metastatic SCC Unknown Primary Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.	Staging
MELANOMA	61553	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.	Post Therapy /Restaging
SARCOMA	61640	Bone Or Soft Tissue 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.	Staging
	61646	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	Restaging
GIT	61577	Oesophageal/GEJ Whole body FDG PET study, performed for the staging of proven oesophageal or GEJ carcinoma, in patients considered suitable for active therapy.	Staging
	61541	Colorectal 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.	Post Therapy /Restaging
BREAST	61524	Whole body 18F-FDG PET study where the patient is referred by a specialist or consultant physician, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.	Staging
	61525	Whole body 18F-FDG PET study, where the patient is referred by a specialist or consultant physician, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.	Staging/ Restaging
PROSTATE	61563	Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent. [Medicare benefits are payable for a MAXIMUM of one service in the patient's lifetime.]	Staging
	61564	Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior locoregional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation. Can be claimed by patients with a PSA increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels; or rising PSA serum after a radical prostatectomy. [Medicare benefits are payable for a MAXIMUM of two services in the patient's lifetime.]	Restaging
NET	61647	Whole body Ga-68-DOTA-peptide PET study when gastro-entero-pancreatic neuroendocrine tumour is suspected	Staging
GYNAE	61565	Ovarian 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.	Post Therapy /Restaging
	61571	Uterine 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	Staging
	61575	Uterine 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.	Restaging
BRAIN	61538	Brain 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.	Restaging
	61559	Epilepsy FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.	Diagnosis
	61560	FDG PET study of the brain, performed for the diagnosis of Alzheimer's disease. [Applicable not more than 3 times per lifetime]	Diagnosis
OTHER	61612	FDG PET study for a patient who is considered suitable for active therapy in the initial staging of an eligible cancer type that is considered a rare or uncommon cancer (less than 12 cases per 100,000 persons per year) and is typically FDG-avid; and there is at least a 10% likelihood that the PET study result will inform a significant change in management. Examples of rare or uncommon cancers are provided in the table below. [Medicare benefits are only payable once per cancer diagnosis]	Staging


MY APPOINTMENT DETAILS

Appt Date: ___ / ___ / ___ Appt Time: _____

Note: _____

HOW TO FIND US

PET-CT (scan QR code for map)

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in 

www.sanradiology.com.au

A division of Adventist HealthCare Limited
ABN 76 096 452 925



EXAMPLES OF RARE OR UNCOMMON CANCERS (To be eligible for MBS 61612)

Anal cancer	Pancreatic cancer
Bladder cancer	Penile cancer
Brain and other central nervous system (cancer of the)	Peritoneal cancer
Brain cancer	Placenta cancer
Gallbladder and extrahepatic bile ducts (cancer of the)	Small Cell Lung cancer
Gastrointestinal stromal tumours (GIST)	Small Intestine (cancer of the)
Kaposi sarcoma	Stomach cancer
Liver cancer	Testicular cancer
Merkel cell cancer	Thyroid cancer
Mesothelioma	Unknown primary site (cancer of)
Multiple Myeloma	Uterine cancer
Ovarian cancer (incidence only)	Vaginal cancer
Ovarian cancer and serous carcinomas of the fallopian tube	Vulvar cancer