

Nuclear Medical Imaging Centre
Ground Floor, 147 Smith Street, Southport QLD
P 07 5610 4777 F 07 5648 0433

John Flynn Private Hospital
Level B3, Nuclear Medicine & Therapy Centre, 42 Inland Drive, Tugun
P 07 5610 4777 F 07 5648 0433

PATIENT DETAILS

NAME:	D.O.B.:	PHONE:
ADDRESS:		MEDICARE NO.:

CLINICAL HISTORY

PRIMARY SITE:	HISTOPATHOLOGY:
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PREVIOUS TREATMENT

<input type="checkbox"/> CHEMO:	<input type="checkbox"/> SURGERY:
<input type="checkbox"/> RADIATION:	<input type="checkbox"/> OTHER:

DETAILS:

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

<input type="checkbox"/> PET with Diagnostic CT <i>(includes Head, Neck, Chest, Abdo, Pelvis, Thighs + Contrast, unless otherwise stated)</i>	<input type="checkbox"/> PET without Diagnostic CT <i>(includes localisation CT only, Vertex to Thigh)</i>
<input type="checkbox"/> Include full lower leg	<input type="checkbox"/> Include full lower leg

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"/> DOTATATE <i>(GEP-NET, biochemical evidence, surgical planning, initial staging)</i>	61647	<input type="checkbox"/> Uterine/Cervical <i>(Staging, FIGO stage IB2 or greater)</i>	61571
<input type="checkbox"/> PSMA <i>(initial staging)</i>	61563	<input type="checkbox"/> Uterine/Cervical <i>(recurrent)</i>	61575
<input type="checkbox"/> PSMA <i>(restaging)</i>	61564	<input type="checkbox"/> Oesophageal/GOJ <i>(performed for the staging of proven oesophageal or GEJ carcinoma)</i>	61577

FDG

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

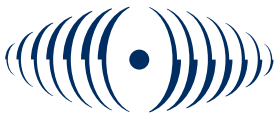
NON MEDICARE ELIGIBLE PET *(incurs out of pocket fee)*

FDG DOTATATE PSMA OTHER

DETAILS:

REFERRER

DOCTOR:	PROVIDER NO.:	SIGNATURE:
ADDRESS:		DATE:
PHONE:	FAX:	COPY REPORT:



PATIENT NAME:
APPOINTMENT:
LOCATION:

Failure to follow preparation information for your scan may result in a charge for the radioisotope ordered for you. Cancellation or rescheduling with less than 24 hours notice may also result in this charge.

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

- Diet Controlled* - Fast for 6 hours prior to your appointment.
- 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. Contact us on 07 5610 4777 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 or DOTATATE 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.

On the Day of your Scan:

Please allow 2 - 2.5 hours for your appointment.

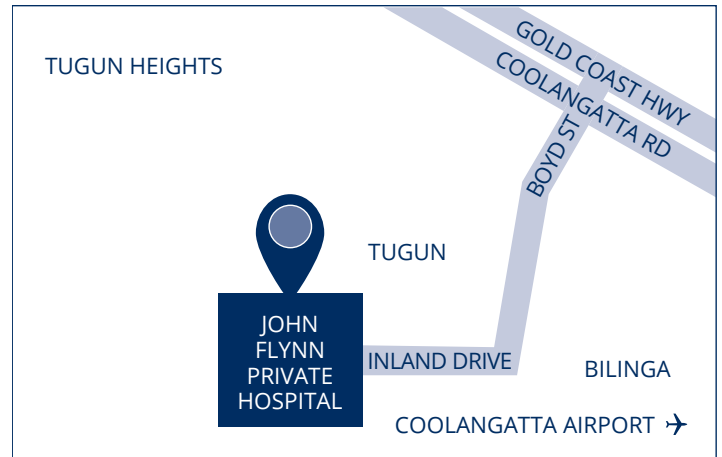
When you arrive, you will be asked to change into a gown and asked about your medical history. A small plastic needle will be placed into your vein in your arm or hand. Depending on the type of scan, your blood sugar will be measured. You will then receive an injection of a small amount of radioactive tracer. Depending on your examination, you will be required to rest quietly for 45 - 60 minutes in your own room in a comfortable recliner. 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 minutes. 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.

Locations



Nuclear Medicine & Therapy Centre

Level B3, John Flynn Private Hospital
42 Inland Drive, Tugun QLD
Pick up / Drop off available at B3 carpark



Nuclear Medicine Imaging Centre

Ground Floor, 147 Smith Street
Southport QLD
Parking available underneath the building

Important Medicare Advice: Your referrer has recommended you use South Coast Radiology. You may choose another provider, but please discuss this with your referrer first.

SCAN TO REQUEST AN APPOINTMENT