

PET Centre
Western Private Hospital
Ground Floor, 44 Eleanor Street
Footscray, VIC 3013
P: +61 3 9304 7360
F: +91 3 9304 7361
E: petcentre@westernprivate.com.au



Western Private Hospital

PET/CT IMAGING REQUEST FORM

ONCOLOGY / INFECTION / INFLAMMATION

Referral forms may be
downloaded from:
[www.westernprivatehospital.com.au/
clinical-services/pet-centre](http://www.westernprivatehospital.com.au/clinical-services/pet-centre)

Please complete both sides & ensure form is signed by the referring Consultant or MO on their behalf

Date results required by: or circle below				Patient Identification Details or Label (Three or more patient identifiers)			
<input type="checkbox"/> < 3 days		<input type="checkbox"/> 1 week		<input type="checkbox"/> 2-3 weeks		<input type="checkbox"/> months	
Reason for URGENT scan:				WPH UR Number			
				Surname			
Inpatient		<input type="checkbox"/> N	<input type="checkbox"/> Y	First Name			
Diabetes		<input type="checkbox"/> N	<input type="checkbox"/> Y	Date of Birth Sex at Birth: Male / Female			
Claustrophobic		<input type="checkbox"/> N	<input type="checkbox"/> Y	Address			
Interpreter required		<input type="checkbox"/> N	<input type="checkbox"/> Y			
Radiotherapy Planning PET		<input type="checkbox"/> N	<input type="checkbox"/> Y	Email:			
Clinical Trial		<input type="checkbox"/> N	<input type="checkbox"/> Y	Home/Work Phone:			
Clinic Trial Contact:				Mobile Phone: (Preferred)			
				Alternate Contact Person - Phone:			
Tracer (please circle)		<input type="radio"/> ¹⁸ F-FDG		<input type="radio"/> ¹⁸ F-PSMA (prostate/RCC)		<input type="radio"/> ⁶⁸ Ga DOTATATE (neuroendocrine)	
PET/CT Clinical Indication							
Primary site of Disease:				Histology / Pathology:			
Key Clinical Question:							
Relevant History and Findings:							
Recent Biopsy / Surgery (please state)							
Recent / Ongoing Chemotherapy Radiotherapy		Type		Cycle Length		Date of Last Treatment	
						Date of Next Treatment	
Additional to the PET/CT, a full diagnostic CT is requested		<input type="radio"/> Yes <input type="radio"/> with IV contrast		RECENT CORRELATIVE IMAGING			
				CT	Date	Where	
Exam region for Diagnostic CT				MRI	Date	Where	
eGFR:	Creat	Date		Other	Date	Where	
Referring Specialist Details *Medicare requires that to be reimbursable, PET/CT scan must be specialist referred							
Specialist Name				Email			
Provider Number				Address			
Healthlink ID				Phone		Fax	
Your Name				Specialist / MO Signature			Date
Copies of report to							
At							

Patient Name									
Medicare Funded Clinical Indications Scan will be bulk-billed if referred by a Specialist									
[18F] FDG PET									
<input type="checkbox"/>	Evaluation of a solitary pulmonary nodule (unsuitable for biopsy / failed pathological characterization) [61523]								
<input type="checkbox"/>	Whole body FDG PET study for the initial staging of cancer, for a patient who is considered suitable for active therapy, if (a) the cancer is a typically FDG-avid cancer; and (b) there is at least 10% likelihood that PET study will inform a significant change in management for the patient [61612] <i>*Applicable once per cancer diagnosis*</i>								
<input type="checkbox"/>	Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent cancer in a patient who is undergoing, or is suitable for, active therapy, if the cancer is a typically FDG-avid cancer [61614]								
[18F] PSMA PET									
<input type="checkbox"/>	Whole body PSMA 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 [61563] <i>Intermediate to high-risk prostate adenocarcinoma, as defined by having at least one of the following risk factors;</i> PSA of 10-20 ng/mL, or Gleason score >7 / ISUP grade group 4 or 5, or Stage T2c or > T3 <i>*Medicare will pay for a maximum of one service per lifetime*</i>								
<input type="checkbox"/>	Whole body PSMA study performed for the restaging of recurrent prostate adeocarcinoma, for a patient who has undergone locoregional therapy – either patients with a PSA increase of 2ng/mL above the nadir after radiation therapy; or failure of PSA levels to return to undetectable levels or rising PSA serum after a radical prostatectomy [61564] <i>*Medicare benefit payable for maximum of two services per lifetime*</i>								
<input type="checkbox"/>	Whole body PSMA study, performed for the assessment of suitability for Lutetium 177 PSMA therapy in a patient with mCRPC, after progressive disease has developed while undergoing prior treatment with at least one of both - <div><input type="radio"/> Taxane chemotherapy (type/when): <input type="radio"/> Androgen receptor signalling inhibitor (type/when): [61528]</div>								
[68Ga] DOTATATE PET									
<input type="checkbox"/>	Whole body 68Ga DOTA peptide PET study, if a gastro entero pancreatic neuroendocrine tumour is suspected on basis of biochemical evidence with negative or equivocal conventional imaging OR both a surgically amenable GEP NET has been identified and the study is for excluding additional disease sites [61647]								
<input type="checkbox"/>	Whole body 68Ga DOTA peptide PET study for patients with advanced or metastatic inoperable neuroendocrine neoplasms (from 1 Nov 2025)								
Non MBS Clinical Indications Please indicate who is meeting cost of scan									
[18F] FDG PET									
<input type="checkbox"/>	Infection, eg; PUO ? source, pacemaker / pacemaker leads, endocarditis, graft / stent								
<input type="checkbox"/>	Inflammation; Dermatomyositis, Giant Cell Arteritis, IgG4 disease, Large Vessel Vasculitis, Polymyalgia Rheumatica, Retroperitoneal Fibrosis, Sarcoidosis, Takayasu Arteritis Please indicate date of last steroid therapy and weaning plan -								
[18F] PSMA PET									
<input type="checkbox"/>	Staging / Restaging of Clear Cell Renal Cell Cancer								
Other clinical indications -									
The cost of the scan will be met by									
Veteran's Affairs <input type="checkbox"/>			Patient <input type="checkbox"/>			Referring hospital (Dept) <input type="checkbox"/>			
Trial <input type="checkbox"/>			SOC <input type="checkbox"/>			ASOC <input type="checkbox"/>		Unit / Dept contact	
EXAM CODE			CHECKED BY NMP				DATE		
SCAN FROM	Vertex	Base of Brain	TO	Mid Thigh	Distal Thigh	Knees	Distal Primary	Arms	U D
PREPARATION		Buscopan		Cardiac Prep		Metformin Y / N		Stop date:	
		Neg Oral Contrast		NO Vis Stim		Propranolol		Saline +/- Lasix	
Page 2 of 2									