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Registration number:  
2015/03842/21

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## ONCOLOGY PET-CT APPLICATION

### PATIENT DETAILS / STICKER

Title	Name
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
Date of birth	Gender
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>
Medical aid	
<input type="text"/>	
Membership No.	Dep #
<input type="text"/>	<input type="text"/>

Patient contact (C)
<input type="text"/>
Patient contact (T)
<input type="text"/>
Patient email
<input type="text"/>
Does the patient require transport?
Yes <input type="checkbox"/> No <input type="checkbox"/>

### REFERRING PHYSICIAN'S DETAILS

Treating doctor
<input type="text"/>
Practice number
<input type="text"/>
Practice telephone
<input type="text"/>
Email address
<input type="text"/>

### PET-CT SCAN REQUESTED

- ☐ F-18 FDG PET-CT (general oncology)
- ☐ F-18 PSMA PET-CT (prostate cancer)
- ☐ Ga-68 PSMA PET-CT (prostate cancer)
- ☐ Ga-68 DOTATATE PET-CT (neuroendocrine tumours & meningioma)
- ☐ F-18 DOPA PET-CT (neuroendocrine tumours)

### INDICATION

- ☐ Diagnosis
- ☐ Staging
- ☐ Restaging / Suspected recurrence
- ☐ Monitoring of treatment response
- ☐ Biopsy site localisation

### TIMELINES

Proposed PET-CT date

### PATIENT HISTORY

Diagnosis	
<input type="text"/>	
Date	ICD-10
<input type="text"/>	<input type="text"/>
TNM stage	Grade
T <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/>	<input type="text"/>
AJCC stage	<input type="text"/>
Tumour marker(s)	<input type="text"/>
*attach results	
Co-morbidities	<input type="text"/>

### DATE OF LAST TREATMENT

Date	Treatment details
<input type="text"/>	<input type="text"/>
Surgery	
<input type="text"/>	
Chemotherapy	
<input type="text"/>	
Radiotherapy	
<input type="text"/>	
Radionuclide therapy	
<input type="text"/>	

### Radionuclide Therapies

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hyperthyroidism (I-131) | <input type="checkbox"/> Bone pain palliation (Ra-223)                             | <input type="checkbox"/> Prostate cancer (Lu-177 PSMA PRLT) |
| <input type="checkbox"/> Radio-synovectomy       | <input type="checkbox"/> Neuroendocrine tumour (Lu-177 DOTATATE PRRT / I-131 MIBG) | <input type="checkbox"/> Thyroid cancer (I-131)             |

### Clinical information

Please attach all relevant histology, laboratory/blood results and imaging reports to the referral

I, the undersigned patient/guardian, give my medical scheme or its appointed agent, as well as the practice referred to or its appointed agent, permission to collect all relevant medical or clinical information that is relevant to my application for PET-CT or nuclear medicine scan for the evaluation of the condition as requested either by myself or my treating doctor.

Doctor's signature

Date

Patient's signature

Date