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## ONCOLOGY PET-CT APPLICATION

### PATIENT DETAILS / STICKER

Title                      Name

Surname

Date of birth                      Gender  
M                      F

Medical aid

Membership No.                      Dep #

Patient contact (C)

Patient contact (T)

Patient email

Does the patient require transport?  
Yes                      No

### REFERRING PHYSICIAN'S DETAILS

Treating doctor

Practice number

Practice telephone

Email address

Signature

### ROUTINE/Common Scans

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

Date                      ICD-10

TNM stage                      Grade

T                      N                      M

AJCC stage

Tumour marker(s)

\*attach results

Co-morbidities

### LAST TREATMENT DETAILS

Surgery

Date                      Treatment details

Chemotherapy

Date                      Treatment details

Radiotherapy

Date                      Treatment details

Radionuclide therapy

Date                      Treatment details

### Radionuclide Therapies

Hyperthyroidism (I-131)

Radio-synovectomy

Bone metastases (Ra-223 dichloride)

Neuroendocrine tumour  
(Lu-177 DOTATATE PRRT / I-131 MIBG)

Prostate cancer (Lu-177 PSMA RLT)

Thyroid cancer (I-131)

### Clinical information

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