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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 (1-131)
- ☐ 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