

REQUEST FOR PET-CT

Patient details (please complete or affix patient sticker):

Name: _____ Date of Birth: _____
Identity/passport number: _____ Gender: M F
Contact number(s): _____ Email: _____
Medical Aid: _____ Medical Aid no: _____

Referring doctor details:

Name: _____ Email: _____
Contact number(s): _____ Practice no. _____

Report copies to:

Email(s): _____

Procedure code	Study requested (tick one):	Isotope code	Radiotracer (tick):
00956	<input type="checkbox"/> PET/CT whole body	00990	<input type="checkbox"/> FDG
10971	<input type="checkbox"/> PET/CT brain uncontrasted	00990	<input type="checkbox"/> DOTANOC
33981	<input type="checkbox"/> PET/CT of the heart	00990	<input type="checkbox"/> PSMA
		00990	<input type="checkbox"/> FDOPA

Previous Imaging investigations:

(List previous CT's; MRI's; PET/CTs with dates, and where these were performed - **append reports**):

Patient medical details:

Diabetic: No Yes Diabetic medications: _____

Other comorbidities (details): _____

Other chronic medications (details): _____

Anaphylaxis/allergy history: No Yes Details: _____

LMP (if relevant): _____

Pregnancy excluded if relevant (details): _____

Lactating: No Yes

Weight: _____ **kg**

Clinical information:

(Pathology, stage of disease if known, biopsies, surgeries, chemotherapy, radiotherapy, immunotherapy and dates thereof, other relevant information – **append reports**):

Indication for study:

ICD-10 code (primary): _____

Morphology code: _____

Referral date: _____

Dr Signature: _____

Appointment date provided: _____