



Cancer Radiology & Therapy

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## REQUEST FORM

### PATIENT DETAILS

|          |                          |  |              |
|----------|--------------------------|--|--------------|
| Name:    | DOB:                     | Gender:  | Male/Female  |
| Address: | Diabetes:                | No/IDDM/NIDDM  |              |
| Phone:   | <b>Contrast Allergy:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>eGFR:</b> |

### EXAMINATION – PET/CT

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Lymphoma Staging (61620)             | <input type="checkbox"/> Lung - SPN (61523)                 | <input type="checkbox"/> Breast Cancer Staging (61524)                   |
| <input type="checkbox"/> Lymphoma Therapy Response (61622)    | <input type="checkbox"/> Lung NSCLC (61529)                 | <input type="checkbox"/> Breast Cancer Suspected Mets/Recurrence (61525) |
| <input type="checkbox"/> Lymphoma Restaging (61628)           | <input type="checkbox"/> Prostate Staging (61563)           | <input type="checkbox"/> Ovarian Recurrence (61565)                      |
| <input type="checkbox"/> Lymphoma Post 2nd Line Chemo (61632) | <input type="checkbox"/> Prostate Recurrence (61564)        | <input type="checkbox"/> Uterine Cervix Staging (61571)                  |
| <input type="checkbox"/> Melanoma Restaging (61553)           | <input type="checkbox"/> Colorectal (61541)                 | <input type="checkbox"/> Uterine Cervix Recurrence (61575)               |
| <input type="checkbox"/> Brain Tumour (61538)                 | <input type="checkbox"/> Oesophageal/GEJ Staging (61577)    | <input type="checkbox"/> Head/Neck Staging (61598)                       |
| <input type="checkbox"/> Brain (Dementia) (61560)             | <input type="checkbox"/> Sarcoma – Staging (61640)          | <input type="checkbox"/> Head/Neck Residual (61604)                      |
| <input type="checkbox"/> Met SCC Unknown Primary (61610)      | <input type="checkbox"/> Sarcoma Residual/Recurrent (61646) | <input type="checkbox"/> Rare Cancer Staging (61612)                     |
|   | <input type="checkbox"/> Ga68 DOTA (61647)                  | <input type="checkbox"/> Rare Cancer Restaging (TBC)                     |
|   |   | <input type="checkbox"/> Other Tracers / Indications                     |

All PET/CT scans include relevant diagnostic CT

If this is **NOT** required, please check box:  CT for attenuation correction (non-diagnostic) only

### ONCOLOGY CLINICAL INFORMATION

### EXAM – MRI / CT / ULTRASOUND / NUC MED MAMMOGRAPHY / BIOPSY / BMD / X-RAY

Diagnosis / Staging / Restaging / Other:

Primary Disease / Site:

Histopathology:

Treatment:

Clinical concern:

Clinical History & Region to scan:

Pregnant:  Yes  No

Gadolinium (MRI)

IV Contrast (CT)

Primovist (MRI)

No IV Contrast

### REFERRER DETAILS

Name: Provider No:

Address: Phone:

Signature: Date:

Copy of Reports to: