



Dr Brendan Adler
Dr Michael Bynevelt
Dr Lawrence Dembo
Dr Tonya Halliday
Dr Tom Huang
Dr Eamon Koh

Dr Bernard Koong
Dr Michael Krieser
Dr Kay-Vin Lam
Dr Ronny Low
Dr Michael Mason
Dr Patrick Ng
Dr Carly Simpkins

ONCOLOGY REFERRAL

Please send this referral via fax: 6382 3800
or email: bookings@envisionmi.com.au and
we will contact you with an appointment.

Patient Details

Patient Name _____

DOB _____ Phone _____

Address _____

Examination Required

PET-CT (No out of pocket cost for Medicare eligible PET-CT scans)

- Solitary Pulmonary Nodule (61523)
- Non-Small Cell Lung Cancer (61529)
 - Hodgkins or NHL**
 - Initial Staging (61620)
 - First-line therapy response (61622)
 - Restaging (61628)
 - Second-line therapy response (61632)

- Head/Neck**
- Staging (61598)
- Residual (61604)

- Met SCC Cervical LN**
- Unknown Primary (61610)
- Malignant Brain Tumour (61538)

- Oesophageal/GOJ (61577)
- Colorectal Carcinoma (61541)
- Ovarian Carcinoma (61565)
 - Carcinoma of Uterine Cervix**
 - Primary Staging (61571)
 - Restaging (61575)

- Sarcoma** (Excluding GIST)
- Initial Staging (61640)
- Residual/Recurrent (61646)

- Melanoma (61553)
- Other FDG PET
- Gallium 68 PSMA
- Gallium 68 Octreotate

- Please tick if associated Diagnostic CT is required**
- CT Chest/Abdomen/Pelvis
 - CT Abdomen/Pelvis
 - CT Chest
 - CT Head
 - CT Neck
 - CT Other _____

- MRI
- Nuclear Medicine
- Ultrasound
- X-Ray

Clinical Details / Queries

Please bring previous scans/X-rays to your appointment

Creatinine if available _____

Requesting Practitioner

Signature _____

Date _____

Report

Electronic

Fax

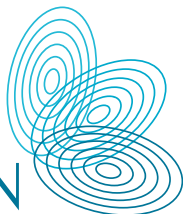
Mail

178 - 190 Cambridge Street, Wembley (opp. St John of God, Subiaco)

Tel: (08) 6382 3888 Fax: (08) 6382 3800 Email: bookings@envisionmi.com.au

ONO0917

Your doctor has recommended you use Envision Medical Imaging. You may choose another provider but please discuss this with your doctor first.



Hours of Operation

Monday to Friday 8.30am – 5.00pm

Saturday 8.00am – 1.00pm

(MRI is available out of hours Mon – Thurs and weekends)

PET-CT REBATEABLE ITEMS

Solitary Pulmonary Nodule (61523)

Whole body FDG PET study, performed for evaluation of a solitary pulmonary nodule where the lesion is considered unsuitable for transthoracic fine needle aspiration biopsy, or for which an attempt at pathological characterisation has failed.

Non-Small Cell Lung Cancer (61529)

Whole body FDG PET study, performed for the staging of proven non-small cell lung cancer, where curative surgery or radiotherapy is planned.

Malignant Brain Tumour (61538)

FDG PET study of the brain for evaluation of suspected residual or recurrent malignant brain tumour based on anatomical imaging findings, after definitive therapy (or during ongoing chemotherapy) in patients who are considered suitable for further active therapy.

Colorectal Carcinoma (61541)

Whole body FDG PET study, following initial therapy, for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy.

Melanoma (61553)

Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered for active therapy.

Ovarian Carcinoma - Recurrence (61565)

Whole body FDG PET study, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy.

Carcinoma of Uterine Cervix - Primary Staging (61571)

Whole body FDG PET study, for the further primary staging of patients with histologically proven carcinoma of the uterine cervix, at FIGO stage IB2 or greater by conventional staging, prior to planned radical radiation therapy or combined modality therapy with curative intent.

Carcinoma of Uterine Cervix - Restaging (61575)

Whole body FDG PET study, for the further staging of patients with confirmed local recurrence of carcinoma of the uterine cervix considered suitable for salvage pelvic chemoradiotherapy or pelvic exenteration with curative intent.

Oesophageal/GOJ (61577)

Whole body FDG PET study, performed for the staging of proven oesophageal or GOJ carcinoma, in patients considered suitable for active therapy.

Head/Neck - Staging (61598)

Whole body FDG PET study performed for the staging of biopsy proven newly diagnosed or recurrent head and neck cancer.

Head/Neck - Residual (61604)

Whole body FDG PET study performed for the evaluation of patients with suspected residual head and neck cancer after definitive treatment, and who are suitable for active therapy.

Met SCC Cervical LN - Unknown Primary (61610)

Whole body FDG PET study performed for the evaluation of metastatic squamous cell carcinoma of unknown primary site involving cervical nodes.

Hodgkins or NHL - Initial Staging (61620)

Whole body FDG PET study for the initial staging of newly diagnosed or previously untreated Hodgkin's or non-Hodgkin's lymphoma (excluding indolent non-Hodgkin's lymphoma).

Hodgkins or NHL - 1st Line Therapy (61622)

Whole body FDG PET study to assess response to first line therapy either during treatment or within three months of completing definitive first line treatment for Hodgkin's or non-Hodgkin's lymphoma (excluding indolent non-Hodgkin's lymphoma).

Hodgkins or NHL - Restaging (61628)

Whole body FDG PET study for restaging following confirmation of recurrence of Hodgkin's or non-Hodgkin's lymphoma (excluding indolent non-Hodgkin's lymphoma)

Hodgkins or NHL Lymphoma - Post 2nd Line Chemotherapy (61632)

Whole body FDG PET study to assess response to secondline chemotherapy when stem cell transplantation is being considered, for Hodgkin's or non-Hodgkin's lymphoma (excluding indolent non-Hodgkin's lymphoma).

Sarcoma - Initial Staging (61640)

Whole body FDG PET study for initial staging of patients with biopsy-proven bone or soft tissue sarcoma (excluding gastrointestinal stromal tumour) considered by conventional staging to be potentially curable.

Sarcoma - Residual/Recurrent (61646)

Whole body FDG PET study for the evaluation of patients with suspected residual or recurrent sarcoma (excluding gastrointestinal stromal tumour) after the initial course of definitive therapy to determine suitability for subsequent therapy with curative intent.

