

MISSISSAUGA PET/CT

6870 Goreway Drive, Suite 101, Mississauga, ON L4V 1P1
 Tel: 416-572-1725 | Fax: 1-888-761-9156
 E: booking.petct@myhealthsecure.ca

APPOINTMENT TIME: _____ **DATE (MM/DD/YY):** _____

Check if Applicable **URGENT**

PATIENT INFORMATION (Paste Patient Label, if Available)

Patient Full Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____

Date of Birth: _____ Health Card #: _____

Patient Height (cm): _____ Weight (kg): _____

Allergies: _____

Diabetic: Yes No If yes, list meds: _____

Claustrophobia: Yes No

Special Precautions: _____

Next Appointment Date: _____

Clinical Information/Indications: _____

PET REGISTRY

- ANAL CANAL CANCER** (additional forms required)
- MULTIPLE MYELOMA/PLASMACYTOMA** (additional forms required)
- SARCOMA** (additional forms required)

MELANOMA: (select 3 boxes below)

Purpose: Evaluation of isolated met
 Staging

Reason: Lymph node metastases
 Satellitosis/intransit mets
 Deep H&N melanoma

Stage: IIC III IV

LYMPHOMA STAGING: (additional forms required)

Staging of Hodgkin's or NHL being treated with curative intent

Staging of limited stage nodal follicular lymphoma & other indolent NHLs for curative radiation therapy

ACCESS AND PRIVATE PAY

***PET ACCESS** ***fax req and additional forms to 416-217-1327**

Private Billing Indication: _____

SUPPORTING CLINICAL INFORMATION

Recent Biopsy/Surgery: _____ Date: _____

Recent Chemo: _____ Date: _____

Recent Rad. Therapy: _____ Date: _____

Please include the following:

- Relevant consultation letters
- CT/MRI imaging reports
- Pathology/Biopsy reports

INSURED (OHIP) SERVICES

SOLITARY PULMONARY NODULE

- Failed biopsy attempt
- Contraindication to biopsy
- Inaccessible to FNA

NON-SMALL CELL LUNG CANCER

Stage: I II IIIA IIIB

SMALL CELL LUNG CANCER

Stage: I II IIIA IIIB

THYROID CANCER: recurrence, ↑ thyroglobulin

GERM CELL TUMOURS: recurrence

COLORECTAL CANCER

- Post-op recurrence and ↑ CEA
- Pre-op for high risk hepatic metastectomy:
 - Select risk categories below:
 - High risk liver surgical procedure
 - High risk patient (ASA score ≥ 4)

LYMPHOMA

IPI Score: _____ [required]

- Residual mass post therapy** NHL Hodgkin's
- Assess Response (Hodgkin's only)**

of chemo cycles: 2 3

Stage: IA IIA

ESOPHAGEAL CANCER

- Initial staging
- Repeat PET after pre-op/neoadjuvant treatment

HEAD AND NECK CANCER

- Nasopharyngeal cancer staging
- Evaluation of metastatic squamous cell carcinoma in neck nodes when **primary disease site is unknown**

STAMP OFFICE LABEL (IF AVAILABLE)

Referring Physician: _____
(Print Name) (Signature)

CPSO #: _____ MOH Billing #: _____

Telephone #: _____ Fax #: _____

Copy to: _____ Fax #: _____

For more information and test preparation, please visit MyHealthCentre.ca or call 416-223-5460

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>