

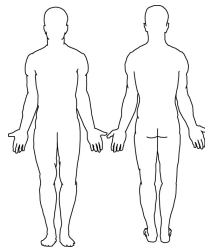
6870 Goreway Drive, Suite 101
 Mississauga, ON L4V 1P1
T: 416-572-1725 | F: 1-888-761-9156
 E: Mississauga_petct@myhealthcentre.ca

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

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: **URGENT**

Patient Full Name: _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____
 Cell Phone: _____ Alt. Phone: _____
 Date of Birth: _____ Health Card #: _____
 Gender: _____ 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 (Registry forms required)
 MULTIPLE MYELOMA/PLASMACYTOMA (Registry forms required)
 SARCOMA (Registry 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: (Registry 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

***Please indicate sites of concern in the Clinical Information/Indications diagram above**

ACCESS AND PRIVATE PAY

***PET Access** ***Fax req and additional forms to 416-217-1327**
Private Billing Indication: _____

EXPEDITED ACCESS (CCO forms required)

CERVICAL CANCER
 Staging
 Recurrent gynecological cancers - prior to salvage therapy

HEAD & NECK
 H&N Node positive cancer - staging
 H&N SCC - restaging post chemotherapy

THYROID
 Anaplastic staging
 Medullary - staging/recurrence
 MESOTHELIOMA

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
 Elevated Biomarker: Value 1: _____ Value 2: _____
 Staging/restaging - apparent limited metastatic (e.g. organ restricted liver or lung metastases; or limited local recurrence)

LYMPHOMA

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

of chemo cycles: 2 3

Date of end of last chemotherapy prior to PET: _____

ESOPHAGEAL CANCER

Initial staging
 Repeat PET after pre-op/neoadjuvant treatment
 Re-staging (locoregional recurrence)

HEAD AND NECK CANCER

Unknown primary
 Nasopharyngeal cancer staging

PLEASE INCLUDE THE FOLLOWING:

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

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)
 Billing Provider #: _____ CPSO #: _____
 Tel #: _____ Fax #: _____
 Date: _____
 Copy to: _____ Fax #: _____
 Report Delivery Preference: Fax HRM Other: _____