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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: \_\_\_\_\_

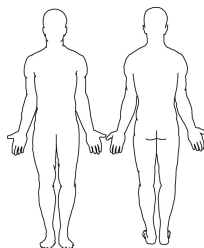
**Diabetic:** ☐ Yes ☐ No If yes, list meds: \_\_\_\_\_

**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: \_\_\_\_\_