

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

INSURED (OHIP) SERVICES

Check if Applicable: **URGENT**

Full Name (Birth): _____

Preferred Full Name (If Different from Birth): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

Date of Birth: _____ Health Card #: _____ Version: _____

Gender: _____ Preferred Gender (If Different from Birth): _____

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

Allergies: _____

Diabetic: Yes No If yes, list meds: _____

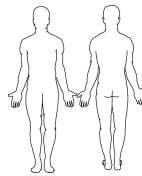
Claustrophobia: Yes No

Special Precautions: _____

Next Consultation Date: _____

Last Treatment Date: _____ Next Treatment Date: _____

Reason for Referral: _____



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

PET REGISTRY

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

MELANOMA:

- Staging
- Evaluation of isolated met

PET in Immunotherapy for Metastatic Melanoma: (CCO form required)

- Staging
- Response Assessment

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

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

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

- BREAST CANCER** - Baseline staging
- BLADDER CANCER** - Initial staging

REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____ (Print Name)

(Signature)

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____

Copy To: _____ Fax #: _____

Report Delivery Preference: Fax HRM Other: _____

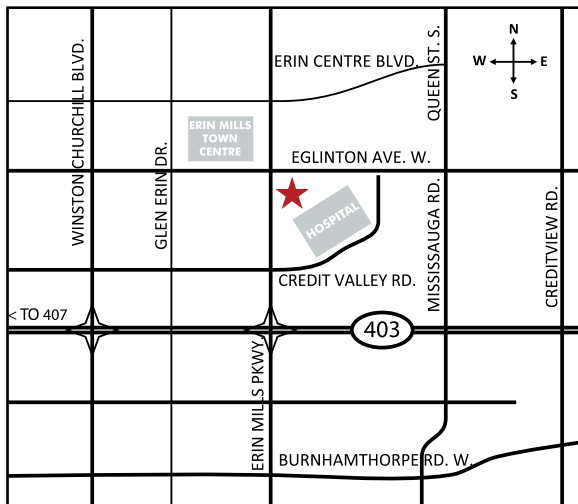
All our services require a scheduled appointment.
Please provide 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

PET/CT SCAN

- The evening before your scan, do not consume sugary drinks or foods, such as juice, soda, rice, pasta, white bread or baked goods.
- For the full day prior to your scan, choose higher protein foods, such as nuts, seeds, meat, poultry, fish, eggs, cheese, beans and vegetables.
- Discontinue vitamins, supplements and caffeine the evening before your scan. You may take your regular medications, unless they contain caffeine.
- Do not exercise for 12 hours prior to your scan and minimize your physical activity for the full day prior to your scan.
- Do not eat or drink anything other than plain water for 6 hours prior to your scan.
- Wear loose, comfortable layers of clothing that are free of metal buttons and zippers.

SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS

- These instructions apply to both insulin-dependent and non-insulin dependent patients.
- In order to acquire a good PET/CT scan for you, we REQUIRE your blood sugar level to be under or equal to 10.0 mmol/L (180.0 mg/dL). It is ideal to have a blood sugar level between 4.0 – 7.0 mmol/L for our test.
- DO NOT take your Insulin or diabetic medications (metformin, glyburide, glucophage, januvia, etc.) 4 hours prior to your appointment.
- DO NOT eat or drink anything 6 hours of your appointment. Drinking plain water is encouraged for your test.
- You will be requested to provide to 2 recent glucose readings when confirming your appointment.
- If you have a morning appointment, it is suggested that you fast overnight to keep your blood sugar level down the next morning.
- If you have trouble controlling your blood sugar level or have blood sugar readings typically above 10.0 mmol/L, please notify the clinic.



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Mississauga, ON L5M 2V8

T: 416-572-1725 | F: 1-800-416-9840
E: mississauga_petct@myhealthcentre.ca

SERVICES: Biopsy (Thyroid), Blood Pressure Monitoring, Bone Mineral Density, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Mammography & OBSP, Nuclear Cardiology, PET/CT, Prenatal Screening, Stress Echocardiogram, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)



- ✓ Location services, hours and directions
- ✓ Chat live and book appointment online
- ✓ Test preparation in 20+ languages
- ✓ Reqs for sleep disorders, PET/CT and more
- ✓ Screening precautions and infection prevention
- ✓ Access your radiology images and results
- ✓ Satisfaction survey
- ✓ Join our team