canopy imaging

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PET-CT & Nuclear Medicine Referral Form

Hawke's Bay
4 Murray Place, Camberley, Hastings 4120
P 06 873 1166 E hawkesbay@canopyimaging.co.nz

Palmerston North
175 Grey Street, Palmerston North 4410
P 06 357 9097 E pn@canopyimaging.co.nz

Patient details

Patients name

Address

Phone no. DOB

E-mail

NHI ACC

Insurance ◯ Yes ◯ No Provider

Clinical details

◯ Staging ◯ Restaging / Recurrence
◯ Response evaluate ◯ Other

Referrer checklist

· Claustrophobic ◯ Yes ◯ No
· Patient Weight kg
· Diabetic ◯ No ◯ IDDM ◯ NIDDM
· eGFR Renal function Date
· Pregnant ◯ Yes ◯ No
· Interpreter required ◯ Yes ◯ No
· Sedation required ◯ Yes ◯ No
· Surgery Type Date
· Chemotherapy Type Date(last cycle)
· Radiotherapy Type Date(last fraction)

Results

Priority ◯ Urgent ◯ Routine

Send report to

Phone me on

Copy of report to

Examination requested

PET-CT

◯ FDG Body
◯ FDG Cardiac sarcoidosis
◯ FDG Brain
◯ FET Brain
◯ Gallium PSMA
◯ Gallium Dotatate

Nuclear Medicine* Hawke's Bay only

◯ 2 phase Bone scan
◯ Bone scan SPECT-CT
◯ Wholebody Bone scan
◯ DPD Amyloidosis
◯ Thyroid
◯ Parathyroid
◯ Renal DMSA
◯ Hepatobiliary
◯ Gastric emptying
◯ MUGA gated blood pool
◯ MUGA RBC Gated BP
◯ Brain Parkinsons
◯ Breast sentinel node map
◯ Breast sentinel node injection only
◯ Melanoma sentinel node map
◯ Lacrimal scan
◯ Meckels
◯ Infection
◯ Liver

Therapy* Hawke's Bay only

(please complete relevant therapy referral forms)

◯ 177-Lu PSMA Therapy
◯ 177-Lu DOTATATE Therapy
◯ 131-I Therapy

Referring practitioner

Name

NZNM provider # Date Signature