

Name

NZNM provider #

PET-CT & Nuclear Medicine Referral Form

Canopy Imaging Molecular Imaging & Therapy Centre 4 Murray Place, Camberley, Hastings 4120
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See our Privacy Policy

Patient details							
Patients name							Therapy (please complete relevant therapy referral forms)
Address							○ 177-Lu PSMZ Therapy
							○ 177-Lu P3M2 Merapy
Phone no.			DOB				131-I Therapy
E-mail			БОВ				Olor Timorapy
			ACC				
NHI	O V	O NI a					Examination requested
Insurance	○ Yes	○No	Provider				DET OT
Clinical details							PET-CT
							O FDG Body
							O FDG Cardiac sarcoidosis
							O FDG Brain
							O FET Brain
							○ Gallium PSMA
							O Gallium Dotatate
							Nuclear Medicine
Staging		○ Restag	O Restaging / Recurrence				
O Response evaluate			Other				2 phase Bone scanBone scan SPECT-CT
Referrer checkli	o.t						
Referrer checkii	St						Wholebody Bone scan DRD Amyloidesis
·Claustrophobic				○ Yes	○ No		DPD AmyloidosisThyroid
· Patient Weight			0.11			kg	O Parathyroid
· Diabetic			○ No		○ NIDDM		Renal DMSA
· eGFR Renal funct	ion			Date			Hepatobiliary
· Pregnant	اء ما			○ Yes	○ No		Gastric emptying
Interpreter requireSedation require				○ Yes○ Yes	○ No ○ No		MUGA gated blood pool
•	u	T			ONO		MUGA RBC Gated BP
· Surgery · Chemotherapy		Туре		Date Date	1		Brain Parkinsons
· Radiotherapy		Туре		Date(last cycle			Breast sentinel node map
		Туре		<u>Date(last liact</u>	1011)		Breast sentinel node injection only
Results							Melanoma sentinel node map
Priority				○ Urgent	○ Routine	9	O Lacrimal scan
Send report to							○ Meckels
Phone me on							○ Infection
Copy of report to							○ Liver
5 ()	. •						
Referring practi	tioner						

Date

Signature