



canopy imaging

See our [Privacy Policy](#)

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 9079 E pn@canopyimaging.co.nz

Patient details

Patients name

Address

Phone no.

DOB

E-mail

NHI

ACC

Insurance

☐ Yes

☐ No

Provider

Clinical details

☐ Staging

☐ Response evaluate

☐ Restaging / Recurrence

☐ 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

Referring practitioner

Name

NZNM provider #

Date

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

Signature