



### 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

### Referring practitioner

Name

NZNM provider #

Date

### Therapy

(please complete relevant therapy referral forms)

177-Lu PSMZ Therapy

177-Lu DOTATATE Therapy

131-I Therapy

### Examination requested

#### PET-CT

FDG Body

FDG Cardiac sarcoidosis

FDG Brain

FET Brain

Gallium PSMA

Gallium Dotatate

#### Nuclear Medicine

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

Signature