



Bringing diagnostic PET-CT imaging to New Zealand communities

Kia rangiwhāwhā te mātai whakaahua hauora

CT

- Head
- Sinuses
- Neck
- Chest
- Pelvis
- Spine
- Angiogram
- M/Skeletal
- Other
(specify in notes)

PET-CT

(Radiotracers required)

- 18F-FDG
- 18F-NaF
- 18F-FET
- 68Ga-PSMA
- 68Ga-DOTATATE
- Radioligand therapy (RLT)
- Other
(specify in notes)

Renal function

(for contrast studies)

Creatinine: _____

eGfr: _____

(values must be less than 3 months)

Mr Mrs Dr Miss Ms

First name: _____ Surname: _____

Address: _____

Email: _____ DOB: / /

Tel (Hm): _____ Mobile: _____ NHI#: _____

Pregnancy indication code: _____ LMP: _____ ACC#: _____

EDD: _____ Contract: _____ Insurer#: _____

Is the patient eligible for health benefit? Yes No Is patient diabetic? Yes No

Region of interest:

Clinical details:

Results:

Date: _____

Send report: EDI Mail Report priority: Urgent Routine

Phone me **Mobile Ph:** _____

Send email notification when patient is booked

Email address: _____

Referring practitioner:

Copy of report to:

All our imaging is digital and available to view direct from your premises. If you are not set up for access or require hard copies please contact us.

