MonashImaging
Nuclear Medicine & PET MonashHealth

Neurodegenerative/ Epilepsy PET Scan Request Form Sheet 1 of 2

Nuclear Medicine & PET, Monash Imaging
Moorabbin Hospital,
Centre Road, East Bentleigh 3165
Ph: +61 3 9928 8898 Fax: +61 3 9928 8900

Identify

Patient Name:

DOB: ..... M / F

Address: .....

.....

Phone: .....

Mobile: .....

(Affix Patient's ID label here)

Is an interpreter required ☐ Y

Language .....

Cubicle /Ward /Other Unit

MI Use only
Appt Date &Time

Referring Consultant Details ***(Medicare stipulates this form must be signed by the referring consultant)***

(Print) Name ..... **Provider number:** .....

Pager No ..... Fax No ..... Phone No ..... Mobile .....

Address: .....

.....

Additional Copy of Report to: ..... Fax No: .....

Situation

Please circle appropriate indication: **Intractable Epilepsy / Neurodegenerative**

Clinical Details

.....

.....

.....

Background

Please tick if relevant

Are extra infection precautions in place?	☐	**Diabetic** Type 1 / Type 2 Insulin type: Oral agents:
Claustrophobic?	☐	**Creatinine / eGFR:** **Date:**

Correlative Imaging / Investigations
(Please send relevant films and investigation results with patient)

Recent / Previous imaging	Date:	Place / Provider
☐ Clinical Evaluation ☐ MRI ☐ CT ☐ SPECT ☐ Ictal SPECT ☐ EEG ☐ Invasive Monitoring		

Results of Prior Epilepsy Investigations

Epilepsy Type	Lateralised	Site	Localisation Confidence
☐ Temporal Lobe ☐ Extra-Temporal ☐ Uncertain	☐ Left ☐ Right ☐ Not Lateralised	☐ Temporal ☐ Parietal ☐ Occipital ☐ Frontal ☐ Insula ☐ Not Localised	☐ Possible ☐ Probable ☐ Very Probable (Sufficient for surgical decision)

Management Plan without PET scan

Assessment

EPILEPSY	NEURODEGENERATIVE
☐ Medical Management ☐ Video EEG Monitoring ☐ Invasive Monitoring ☐ Surgery without invasive monitoring ☐ Other (specify)	☐ Antipsychotic ☐ Sedative ☐ Anti-Cholinesterase ☐ Other (specify)

Request

Examination Requested **F-18 FDG PET / CT Brain**

Additional Imaging Required

Please indicate here if you require Brain SPECT/CT

☐ **CT Scan (Region)** .....

☐ **Nuclear Medicine Scan (Type)** Brain SPECT/CT scan .....

☐ **Other (specify)** .....

PET results required by (please circle): < 1 week / 1-2 weeks / 2-3 weeks / 1 month or (Date): .....

I verify that this is the correct patient , correct side and site of imaging requested.

....

Signature of Consultant/Specialist Date

MonashImaging
Nuclear Medicine & PET MonashHealth

Neurodegenerative/ Epilepsy PET Scan Request Form Sheet 2 of 2

Nuclear Medicine & PET, Monash Imaging
Moorabbin Hospital,
Centre Road, East Bentleigh 3165
Ph: +61 3 9928 8898 Fax: +61 3 9928 8900

Patient Name/RIS Label: .....

Please select from the relevant list of studies below:

Medicare funded study

☐ **Epilepsy:** FDG PET study of the brain, performed for the evaluation of refractory epilepsy which is being evaluated for surgery.

Non-Medicare funded studies:

☐ **Other / Neurodegenerative Indication:** (Non-Medicare funded – these indications may attract a charge)

Monash Imaging Use Only

Safety Checklist

Pregnancy Check N/A ☐ Patient states "NOT" pregnant? Confirmed ☐

bHCG Value *(if applicable):* .....

3 C's

Correct Patient Please tick 3 Patient Identifiers before commencing examination

Full name ☐ DOB ☐ Address ☐ ID Bracelet ☐ Contact Ward / Relative to identify patient ☐

Correct Procedure Yes ☐ No ☐

(Patient verification & clinical history) Technologist: .....

Your doctor has recommended you use Monash Health
You may choose another provider but please discuss this with your doctor first