

**PATIENT DETAILS**

Patient name:

DOB:

Phone:

Address:

Medicare:

Clinical trial / ID no.:

**EXAMINATION**

**PET with Whole Body Diagnostic CT (Head, Chest, Abdo, Pelvis)**

Plus Extremity (eg. Melanoma, Sarcoma, Myeloma, PUO, Vasculitis/Arteritis, Rheumatological or where limb involvement suspected)

**PET with localised diagnostic CT (please tick region/s)**

Head  Neck  Chest  Abdo  Pelvis  Extremity

**PET with Non-Diagnostic CT (attenuation correction)**

**INITIAL STAGING - 61563**

**The patient has intermediate to high-risk prostate adenocarcinoma**

Please insert value for at least one of the following:

PSA (>10 ng/ml):

Gleason score (> or = 7):

ISUP (> or = 2):

Stage (> or = T2b):

**The patient has previously been untreated**

**The patient is considered suitable for locoregional therapy with curative intent**

**Other clinical details:**

**RESTAGING - 61564**

**The patient has previously had a PSMA PET study for initial staging of intermediate to high-risk prostate adenocarcinoma**

**The patient has undergone prior locoregional therapy and is considered suitable for further locoregional therapy**

**Other clinical details:**

**NON-MEDICARE ELIGIBLE PSMA**

**Other clinical details:**

- Contrast Allergy**
- Renal Impairment**
- Surgery / Biopsy**
- Radiation Therapy**
- Chemotherapy**
- Prior Imaging (when and where)**

**REFERRING PRACTITIONER**

Name:

Provider number:

Follow up appointment:

Send copy to:

Signature:

Date:

## PSMA

<b>Initial staging</b>	<b>61563</b>	Whole body prostate specific membrane antigen PET study performed for the initial staging of intermediate to high risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent. Applicable once per lifetime.
<b>Restaging</b>	<b>61564</b>	Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who: (a) has undergone prior locoregional therapy; and (b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation  This item can be claimed by patients with: <ul style="list-style-type: none"><li>• a prostate specific antigen (PSA) increase of 2ng/ml above the nadir after radiation therapy; or</li><li>• failure of PSA levels to fall to undetectable levels; or</li><li>• rising PSA serum after a radical prostatectomy.</li></ul> Applicable twice per lifetime.

### HOBART

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Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

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**ELECTRONIC REFERRALS  
ARE ALSO AVAILABLE**



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