KZN
NUCLEAR
MEDICINE

Dr Nischal Soni
Specialist Nuclear Physician
MBChB, FCNP
Practice No: 1310828

PET/CT Request Application

Patient Details	
Name:	Email:
Surname:	Med Aid:
ID No:	Med Aid No:
Contact no:	Alternative Contact No:

Referring Doctor	
Name & Surname:	Email:
Practice No:	Signature:
Contact no:	Date:

Diagnosis							Indication for the scan	
ICD code:							Initial staging	
TNM staging	**T**		**N**		**M**		Response to therapy	
Co-morbidities (e.g. diabetes, hypertension):							Restaging	
							Suspected recurrence	
Tumour markers levels (e.g. PSA/ CEA):							Other (eg Infection or Biopsy site)	
							Cardial (eg Sarcoidosis)	
Previous surgery	Date:						Neurology (eg Dementia)	
Chemotherapy	Last Date:						**Tracer:**	
Radiotherapy	Last Date:						18F-FDG	18F-PSMA	18F-DOPA
Other	Last Date:						68Ga: PSMA	68Ga:Dotatate	

Previous imaging results					Type of scan:					
PET/CT	Date		Location		Whole-body:	Contrasted:	Yes		No	
CT	Date		Location		Regional:	Contrasted:	Yes		No	
MRI	Date		Location							

History:

KZN Nuclear Medicine Westville
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Accounts
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