



Appointments & enquires: Ph: (02) 8382 1830 Fax: (02) 8382 1824 Email: svhs.nm@svha.org.au

Consultants

A/Prof Emmet

Dr Chan

Dr Ho

A/Prof Pocock

Dr Lee

Dr Nguyen

PATIENT REQUEST - PSMA

Patient Details:

Surname: _____ First Name: _____ D.O.B: _____

¹⁸F-PSMA 1007

Mobile: _____ Home: _____ Email: _____

⁶⁸Ga-PSMA 11

Address: _____

Reason for PSMA scan

<input type="checkbox"/> Pre-surgery or pre-radiotherapy	Prostatectomy: <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
<input type="checkbox"/> Evaluation of extent of metastatic cancer	Prior adjuvant or Salvage RT: <input type="checkbox"/> Yes Date: _____
<input type="checkbox"/> Rising PSA post surgery	<input type="checkbox"/> No
<input type="checkbox"/> Rising PSA post radiotherapy	Prior Definitive Radiotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	<input type="checkbox"/> Ext Beam <input type="checkbox"/> Brachy Date: _____
PSA : _____ ng/ml Date: _____	Current ADT: <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No
Gleason Score: _____ + _____ Date: _____	Prior/Current Chemotherapy: <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No

Clinical History: (e.g. recent infections, treatment or surgical findings) _____

Diagnostic Contrast CT will be undertaken routinely with this procedure

Please fax kidney function blood tests to 8382 1824

eGFR: _____ Creatinine: _____ Date: _____ Iodine Allergy: Yes No

THIS IS AN OUT OF POCKET EXAM, PLEASE ADVISE PATIENT THAT PAYMENT WILL BE DISCUSSED AT POINT OF BOOKING – THIS SCAN WILL NOT BE COVERED UNDER MEDICARE OR PRIVATE HEALTH INSURANCE

Referring Doctor: _____ Provider No: _____

Address: _____ Ph: _____

_____ Fax: _____

Signature: _____ Referral date: _____

Results: **Urgent** Routine CD Only Film

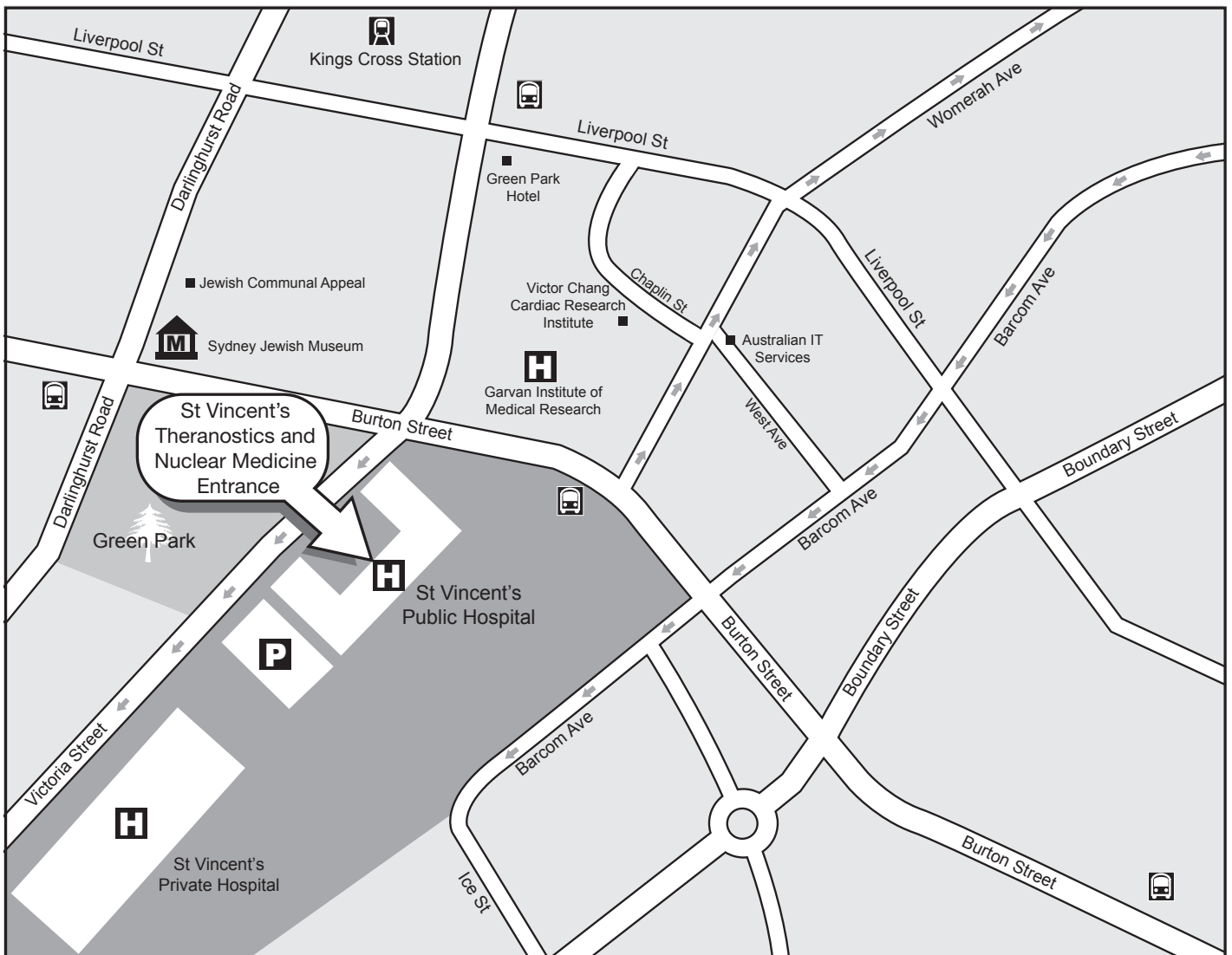
Email: SVHS.NM@SVHA.ORG.AU

Visit us at: www.stvincents.com.au

Patients are free to take their referral to a diagnostic provider of their choice. Please discuss with your doctor.

Your appointment is at _____

On the ____ / ____ / ____



Car Parking

Parking is available in the hospital parking station (fees apply), entry via Victoria Street. There is also limited metered parking in surrounding streets.

Public Transport

Bus

Routes 378 and 311 (from Railway Square) and 380 and 389 (from Circular Quay)

Village to Village, a FREE bus service

This service enables all residents of the City of Sydney to access local amenities and stops directly outside St Vincent's Public Hospital on Thursdays and Fridays.

Train

The closest train station is Kings Cross on the Eastern Suburbs Line, a 15 minute walk along Victoria Street.

Taxi

Taxis regularly service St Vincent's Hospital

Theranostics and Nuclear Medicine Department, Level 2, 390 Victoria Street, Darlinghurst NSW 2010