



Patient details: affix patient label here

Surname: _____ UR: _____
 First Name: _____
 DOB: _____
 Address: _____
 Phone: _____

Handwritten Confirmation of Patient Details

Name: _____
 UR Number: _____
 Interpreter Required: _____
 Language: _____
 Is the Patient Diabetic: _____

Patient Referred From (please specify) Outpatient Clinic/Inpatient Ward: _____

Requesting Doctor (please note: Patients MUST be referred by a Specialist to obtain a Medicare Rebate for PET imaging)

Name: _____ Phone: _____ Fax: _____
 Address: _____ Provider Number: _____
 Signature: _____ Date _____

Refractory/Intractable Epilepsy: Yes No (Medicare rebate only available on a FDG PET study of the brain performed for the evaluation of refractory epilepsy which is being evaluated for surgery.)

*Referrers are asked to ensure patients are aware that there will be a charge for PET scans that do not attract a Medicare rebate.

Clinical History:

Other investigations:

- Clinical evaluation
- EEG
- Video EEG
- MRI
- Ictal SPECT
- Inter-Ictal SPECT
- Other: _____

Results of other investigations:

- Epilepsy Type:** Temporal lobe Extra-temporal Uncertain
Lateralised: Left Right Not lateralised
Site: Temporal Parietal Occipital Frontal Insula Not localised
Localisation confidence: Very Probable Probable Possible

Notes:

Other patient information:

Diabetes: Yes No
 Patient Claustrophobic:
 Yes No

For use by Medical Imaging Staff:

Study Protocol Details: _____ Radiopharmaceutical Label: _____
 Signature of Nuclear Medicine Specialist: _____