

Parkside Hospital & Cancer Centre London		Nuclear Medicine		
53 Parkside Wimbledon London SW19 5NX Telephone: 020 8971 8000		Telephone: 020 8247 3428 Fax: 020 8247 3429 Email: nuclear.medicine@cancercentrelondon.co.uk		
Referring Doctor		Patient Details		
		Surname:		
		First Names:		
		D.O.B.:		
		Patient Number:		
		Address:		
Telephone:		Telephone:		
For female patients aged 12-55 years please enter date of L.M.P.:				
Is there any possibility the patient could be pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/>				
OUTPATIENT <input type="checkbox"/>	INPATIENT <input type="checkbox"/>	WALK <input type="checkbox"/>	CHAIR <input type="checkbox"/>	STRETCHER <input type="checkbox"/>
F18-FDG PET/CT <input type="checkbox"/>		PSMA PET/CT <input type="checkbox"/>		OTHER:
Clinical History			Diabetic	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Chemotherapy	
			YES <input type="checkbox"/> NO <input type="checkbox"/> Date of last session:	
		Radiotherapy		
		YES <input type="checkbox"/> NO <input type="checkbox"/> Date of last session:		
Signature..... Date				
TO BE COMPLETED BY ARSAC CERTIFICATE HOLDER OR DELEGATE				
Scan Required	<input type="checkbox"/> FDG Eyes to Proximal Thighs	<input type="checkbox"/> FDG Vertex to Proximal Thighs	<input type="checkbox"/> Arms up	<input type="checkbox"/> Arms Down
	<input type="checkbox"/> FDG Total Body	<input type="checkbox"/> FDG Oncology Brain		
	<input type="checkbox"/> F18 PSMA (Vertex to Proximal Thighs)	<input type="checkbox"/> Other		
Full name:	Signature:			
ARSAC Number	Date:			