

**This request MUST BE SUBMITTED along with the associated PET CCO requisition found on
 PET SCAN ONTARIO website www.CCOHEALTH.CA/PET
 INCOMPLETE / ILLEGIBLE REQUESTS WILL BE RETURNED - Resulting in delay of appointment booking**

PATIENT INFORMATION (PLEASE PRINT)			
<i>For patients who may benefit from PET, but who do not meet the eligibility criteria, please visit the website www.CCOHEALTH.CA/PET to download forms for the PET Access Program and obtain information regarding currently available clinical trials.</i>			
Name: Last First		DOB (D/M/Y):	Gender: Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Contact #:		Alternate #:	Height: Weight:
Address:		<input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher	
Health Card #		Version Code: <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Interpreter Required	
Drug/Contrast Allergies:			
<input type="checkbox"/> Diabetes Mellitus Diabetic Medications:			
INSURED SERVICES: SEE www.CCOHEALTH.CA/PET FOR DETAILED ELIGIBILITY CRITERIA			
GASTROINTESTINAL CANCERS <input type="checkbox"/> Esophageal or GE Junction (Staging / Re-staging) <input type="checkbox"/> Colorectal (Biochemical Recurrence) <input type="checkbox"/> Colorectal (Apparent Limited Metastatic) <input type="checkbox"/> Anal Canal (Staging)		GENITOURINARY (GU) CANCERS <input type="checkbox"/> Germ Cell Tumours (Biochemical Recurrence) <input type="checkbox"/> Seminoma (Residual Mass)	
GYNECOLOGICAL CANCERS <input type="checkbox"/> Locally Advanced Cervical Cancer (Staging) <input type="checkbox"/> Gynecologic Cancer (Recurrent, Prior to Salvage Therapy)		HEAD AND NECK CANCERS <input type="checkbox"/> Thyroid (Biochemical Recurrence) <input type="checkbox"/> Nasopharyngeal (Baseline staging) <input type="checkbox"/> Head & Neck node positive (Baseline Staging) <input type="checkbox"/> Unknown Head and Neck Primary <input type="checkbox"/> Head & Neck (Re-staging After Chemo Radiation Therapy)	
LYMPHOMA <input type="checkbox"/> Staging PET for Hodgkin's Lymphoma <input type="checkbox"/> Staging PET for Aggressive Non-Hodgkin's Lymphoma <input type="checkbox"/> Staging PET for Indolent Lymphoma <input type="checkbox"/> Interim Response PET for Hodgkin's Lymphoma <input type="checkbox"/> End of Therapy Response Assessment PET		THORACIC CANCERS <input type="checkbox"/> Lung – solitary pulmonary nodule (SPN) <input type="checkbox"/> Lung – non small cell cancer (NSCLC; clinical stage I – III) <input type="checkbox"/> Lung – small cell lung cancer (SCLC; clinical stage I – III) <input type="checkbox"/> Mesothelioma – staging	
DERMATOLOGY <input type="checkbox"/> Melanoma (Staging of localized high risk, or isolated Metastases)			
REGISTRY: SEE www.CCOHEALTH.CA/PET FOR DETAILED ELIGIBILITY CRITERIA			
1. Multiple Myeloma/Plasmacytoma <input type="checkbox"/> Plasmacytoma <input type="checkbox"/> Smoldering Myeloma <input type="checkbox"/> Non-Secretory / Oligosecretory Myeloma		2. Sarcoma <input type="checkbox"/> Diagnosis (Plexiform Neurofibromas) <input type="checkbox"/> Initial Staging <input type="checkbox"/> Re-staging	
Cancer Treatment			
<input type="checkbox"/> Chemotherapy	Start Date:	Last Date:	Next Date:
<input type="checkbox"/> Radiotherapy	Body Site:	Start Date:	Last Date:
Surgeries			
<input type="checkbox"/> Biopsy **Attach reports**	Body Site:	Date:	
<input type="checkbox"/> Oncologic Surgery	Body Site:	Date:	
<input type="checkbox"/> Other Surgery (within 3 months)	Body Site:	Date:	
OUTSIDE IMAGING (PET/CT, CT, MRI) **attach all relevant reports** Date: _____ Location: _____			
Referring Physician (Print):		Fax #:	Office #:
Signature:		Physician Copies:	
PATIENT APPOINTMENT DATE: _____		TIME: _____	<input checked="" type="checkbox"/> MET CAMPUS