

PET / CT Scan Referral Form

Cobalt Imaging Centre
 Thirlestaine Road
 Cheltenham
 Gloucestershire. GL53 7AS
 Tel: 01242 535923
 Fax: 01242 535924



Cobalt

Medical Charity
 Diagnosis • Research • Education
 Registered Charity No: 1090790

RIS Number:

Referral Date:

Failure to complete ALL relevant sections of this form may result in a delay

PATIENT DETAILS (please print clearly)

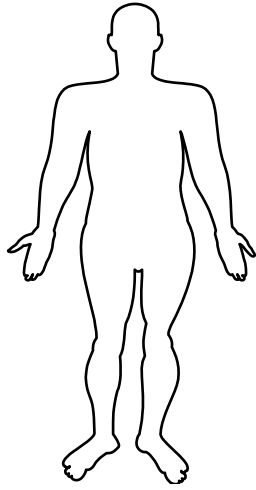
| | |
|--|------------|
| Name: | |
| Date of Birth: | M / F |
| Address: | |
| | |
| | |
| | |
| Post Code: | |
| Telephone No: | Mobile No: |
| Email address: | |
| NHS Number: | |
| MDT Discussion Date (Mandatory): | |

REFERRING CONSULTANT DETAILS (please print clearly)

| | | |
|-------------------------|-------------|----------|
| Dr / Mr / Prof. / Ms | First Name: | Surname: |
| Speciality: | | |
| Hospital: | | |
| Address: | | |
| Post Code: | | |
| Phone No: | Fax No: | |
| Signature: | Bleep No: | |

FUNDING (please circle as appropriate)

| NHS | Private Patient | Self Pay | Other |
|----------------------------|-----------------|----------|-------|
| Private Insurance Company: | | | |
| Authorisation Number: | | | |

| Previous Imaging | Type: | Location: | Date: |  Please indicate site of primary disease or area under consideration |
|---|-------|-----------|-------|--|
| Clinical Information : (please include copies of recent x-ray / scan reports) | | | | |

Please Complete Where Relevant

| Type | Cycle Length | Date of Last Treatment | Date of Next Treatment |
|--------------|--------------|------------------------|------------------------|
| Surgery | | | |
| Chemotherapy | | | |
| Radiotherapy | | | |

| Is This Patient Diabetic? | Does This Patient Require Sedation? | Could this Patient Present an Infection Risk? |
|---------------------------|-------------------------------------|---|
| YES NO | YES NO | YES NO |

| GP Name: | PET Centre use only |
|---------------|-----------------------|
| Address: | Protocol: |
| Post Code: | Indication /category: |
| Telephone No: | Signature: |