



PET/CT SCAN  
NUCLEAR MEDICINE  
CT SCAN

Hospital Card or Patient ID

T: 514-933-5885 F: 514-933-4646 petct@vmmed.com  
2345 Guy Street, Montreal, QC, H3H 2L9

# PSMA PET/CT Requisition

## PATIENT CONTACT INFORMATION

TELEPHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_ EMAIL or OTHER NUMBER \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Allergies: \_\_\_\_\_ Claustrophobia:  No  Yes

## PROSTATE CANCER HISTORY

Initial Dx date: \_\_\_\_\_ Gleason: \_\_\_\_\_ Stage: \_\_\_\_\_ HIFU/Brachy?  No  Yes, date: \_\_\_\_\_

Prostatectomy?  No  Yes, date: \_\_\_\_\_ Pelvic/salvage RTX?  No  Yes, date: \_\_\_\_\_

ADT?  Never  Currently, last given: \_\_\_\_\_  Previously, stopped date: \_\_\_\_\_

CRPC?  No  Yes ARAT/ARPI?  No  Yes  Docetaxel?  No  Yes  Cabazitaxel?  No  Yes

CT chest?  No  Yes, date & results: \_\_\_\_\_

CT abdo/pelvis?  No  Yes, date & results: \_\_\_\_\_

Bone scan / PET NaF?  No  Yes, date & results: \_\_\_\_\_

Most recent PSA: \_\_\_\_\_ date: \_\_\_\_\_ Second most recent PSA: \_\_\_\_\_ date: \_\_\_\_\_

Lowest recorded PSA: \_\_\_\_\_ date: \_\_\_\_\_ PSA doubling time: \_\_\_\_\_

**Clinical indication:** (select only one)  Initial staging  Biochemical recurrence  PSMA therapy assessment

**Prostate cancer history details and the expected impact of the PET PSMA on treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERRING PHYSICIAN INFORMATION

PHYSICIAN NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ CC \_\_\_\_\_

Provide CT and bone scan reports and images (CD, USB key or any secured web access) if not available on Dossier Santé Québec (DSQ).

## INTERNAL NUCLEAR MEDICINE USE ONLY

Appt. date/time: \_\_\_\_\_ Prior PSMA PET?  Yes, date: \_\_\_\_\_ Dose ordered: \_\_\_\_\_

Notes: