

### ADDITIONAL PET/CT FORM

Please complete this section below for  
Discovery Health, MSO Administrated Schemes, Pharos & Profmed members

#### 1. History of Previous PET/CT scan(s)

Number of PET scans within last 12 months

Results of previous PET/CT scans attached

YES

NO

#### 2. Additional Clinical Information / History to support application

#### 3. Consent to collection of data for outcomes measurement registry requirement

I,  (patient name in full) give the  
 (name of medical scheme), or its  
appointed agent, to collect all relevant medical or clinical information that is relevant to my application  
for PET or PET/CT scan for the evaluation of (name of condition)

as requested either from myself or my treating doctor (name of doctor)

The medical scheme will use the information for the purposes of measuring clinical outcomes and developing a registry that will allow the medical scheme to make informed funding decisions. The medical scheme will respect the confidential nature of the information at all times.

I understand that approval for funding for the scan is conditional upon me co-operating with all aspects of this pre-assessment.

Patient Signature :

Date :

Physician's Signature :

Date :