

ADDITIONAL PET-CT FORM**Please complete this section for****Discovery Health, MSO Administered Schemes, Pharos & Profmed members****1. History of previous PET scan (s)**

- i. Number of PET scans within last 12 months:
- ii. Please attach results of previous PET scans Yes No

2. Additional Clinical Information/ History to support this 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 (doctor's name in full).

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:**