

Rock Road
Blackrock
Co Dublin
Ireland



**BLACKROCK
CLINIC**

Tel: 00-353-1-206 4373
Fax: Nuclear Medicine: 00-353-1-206 4290
Fax: 00-353-1-283 2297 (PET/CT)

Nuclear Medicine/PET Scanning Centre

To: _____ **Fax:** _____
Date: _____ **Pages:** 2

ESB STAFF MEDICAL PROVIDENT FUND PRE-AUTHORIZATION FORM

This form needs to be completed by the referring consultant and returned by fax to Nuclear Medicine, Blackrock Clinic – (Fax: 01 2832297).

N.B: Please ensure that you attach relevant CT/MRI/Histology reports as MPF will not review request without relevant clinical data. We also require that you include a letter of request to us, separate to the MPF form, to perform the PET/CT scan. Please indicate if patient has undergone any chemotherapy/radiotherapy and if patient is a diabetic as these can determine when we can do the scan.

We need to have prior approval from MPF before going ahead with the PET scan so it is imperative that you return this form to me **ASAP**.

Please ensure you send us the following information:

1. Patient's name, date of birth, address, contact numbers	
2. CT, Histology and relevant reports	
3. CT films or CD required (not applicable to SVUH/SVPH)	
4. Please furnish us with your contact details – telephone, bleep, mobile	
5. Fax number for PET/CT results	



ESB STAFF MEDICAL PROVIDENT FUND

MPF Pre-Authorisation of Positron Emission Tomography (PET)

To: DAVE MCCAE
Claims Manager
Medical Provident Fund
27 Lower Fitzwilliam Street
Dublin 2

From Dr. Lorraine Wilson
Nuclear Medicine Dept.
Blackrock Clinic
Fax: 2832297

Fax : 01-702 6788

Date: _____

Patient Name: _____ Staff or Membership No. _____

Type of PET Scan proposed: _____

Proposed Date of PET Scan: _____ Cost of Scan: _____

Condition requiring PET Scan: _____

Date of Onset of Symptoms requiring investigation: _____

Previous History and Treatment: _____

Previous Investigations/scans and their results: _____

Clinical reasons why a PET Scan is indicated in preference to other diagnostic techniques: _____

How will a PET Scan affect the treatment plan: _____

MPF requires all of the above questions to be answered in full to enable benefit to be confirmed. If the above information is not provided, MPF will be unable to allow benefit towards a PET Scan.

I confirm that the proposed PET Scan is an integral part of a course of treatment which is being undertaken entirely as a private patient.