

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

Radiotherapy Planning / CT Simulation Request Form

Radiotherapy and Oncology Department

Diagnosis:

Rx Site:

Female patient LMP: _____

Pre-RT assessment: Patient is implanted with **Cardiac Implantable Electronic Devices**
(Please sign GRTO-170/171 consent)

Patient received RT treatment **PREVIOUSLY** (Please sign 2nd Course RT consent if applicable)

Rx Planning: CT Plan Manual Plan (not involve Planning CT scan)

Planning CT slice thickness: 0.1cm 0.2cm 0.3cm Others: _____ cm

Planning CT Simulation: Plain IV Contrast (Please sign Contrast CT Consent)
 Pre-medication is prescribed for contrast CT planning
 Oral Contrast No need for Pre-medication

4DCT (10 phases) Breath-hold (inspiration) Breath-hold (expiration)

Stomach: Empty (Fast 4hrs before CT / Rx)

Special scanning request: Rectum: Empty (prescribed Laxatives for both CT and Rx)

Bladder: Empty Full Comfortable

Marker at: Introitus Anus Scar x _____ Others: _____

Bolus: 0.5cm thickness with _____ cm margin from scar/ cover whole field/ mark up area
 1cm thickness

Planning CT Image fusion with: MRI Date: _____ PET CT Date: _____ CT Date: _____

***Please remind patient to bring back Dx images CD Rom for image registration if available.*

Rx Technique: VMAT / IMRT SRS / SRT / SBRT 3D CRT Electron

Tentative Rx date: Within the week of _____ Please specify : _____

Preliminary Rx scheme: Tentative dose: _____ Gy in _____ fractions.

Electron Boost for _____ fractions

Concurrent Chemo RT Patient will be admitted to GHK

Remarks:

Signature of Referring Doctor

Name in BLOCK LETTER / Chop

Date