

**STEVE BIKO ACADEMIC HOSPITAL  
PR 5601738**

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0001**

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0001**

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### **PATIENT DETAILS**

Name:	Sex:
ID number:	Cell number:
Date of birth:	Work number:
Address:	Home number:
	E-mail:

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### **RELATIVE'S DETAILS**

Relative's name:  
Phone number:  
Cell phone number:

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### **MEDICAL AID DETAILS**

Medical Aid Name:  
Medical Aid Number:  
Medical Aid Plan Option:  
Medical Aid Dependant Number:  
Main Member:

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### **REFERRING DOCTORS**

Referring Doctor:  
General Practitioner:  
Specialist:  
Other referring Doctor:

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## CLINICAL DETAILS

Diagnosis:

Treatment history (surgery, chemo, radiotherapy, sandostatin):

Current symptoms:

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**The results of the following special investigations have to be attached:**

### HISTOPATHOLOGY

1. Histology:
2. Ki-67:

### IMAGING DETAILS

1. Ga-68 DOTATATE PET/CT  
**Or**  
Octreotide SPECT :
2. F-18 FDG PET/CT:
3. CT:
4. MRI:

### BLOOD RESULTS

1. FBC:
2. U&E:
3. LFT:
4. Tumour marker (Chromogranin A):