Worksheet: Irish Life Health pre-authorisation request

Date

Ref

Patient	Date of birth	MRN
Address		

The written request

Member name and membership number

Procedure and procedure code

Clinical indication and history

Proposed hospital

Proposed date of treatment

PET-CT or PSMA scan request form

Referring hospital and PET-CT centre

Indications for use and date of onset

Previous history, investigations and results

Why PET-CT over other techniques

Clinical indicator code