

MRN \_\_\_\_\_

FIN \_\_\_\_\_

# PET/CT History

PACS  
Images

Order Verified: \_\_\_\_

## Nuclear Medicine

2 ID's Verified? \_\_\_\_

Today's Date: \_\_\_\_\_ Ordering Physician: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs./ \_\_\_\_\_ kgs.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_

Allergies: \_\_\_\_\_ Diabetic: YES or NO Pregnant: YES or NO Initials: \_\_\_\_\_

Food in the last 6 hrs? YES or NO Caffeine in the last 12 hrs? YES or NO

Nicotine in the last 2 hrs? YES or NO Alcohol in the last 12 hrs? YES or NO

Have you been diagnosed with Cancer? YES or NO

What type(s) of Cancer? \_\_\_\_\_ When were you diagnosed? \_\_\_\_\_

Have you ever had Chemotherapy? YES or NO Last date: \_\_\_\_\_

Have you ever had Radiation Therapy? YES or NO Last date: \_\_\_\_\_

What part(s) of your body did you receive Radiation Therapy to? \_\_\_\_\_

List all biopsies and/or surgeries in the past 3 years (be specific): \_\_\_\_\_

List all CT, MRI, PET/CT scans in the past 6 months (when & where the exam was done):

Do you have any other CT or MRI exams today other than your PET/CT? YES or NO

Why did your doctor order this PET/CT? \_\_\_\_\_

List any other pertinent medical information: \_\_\_\_\_

Please fill out

\_\_\_\_\_ mCi 18F-FDG IV \_\_\_\_\_ @

Glucose = \_\_\_\_\_ Scanned @ \_\_\_\_\_ Minutes

Most recent PET:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Circle one: 50 ml Omnipaque 240  
oz.Cheetah

or 15