HIGHPOINT HEALTH

Nuclear Medicine PET Scan

Patient Name: _____

Date: _____ Height: _____ Weight: _____

Why are you having a PET Scan? _____

_____

Do you have any history of cancer? Yes NO

Type and when diagnosed? _____

Recent CT Scans or Pet-CT scans at another hospital? Yes No

Where? _____

Any Surgeries or biopsies? If yes, when: _____

_____

Any Chemo or Radiation treatments? If yes, when? _____

Do you receive Leukocyte colony-stimulating factor injections? Yes No

Are you Diabetic? Yes No

Last time you took your insulin? _____

Do you take Metformin? Yes No

Last time you ate? _____

Are you claustrophobic? Yes No

Is there a chance you could be pregnant? Yes No Male

PRE- DOSE_____ RESIDUAL DOSE_____ INJECTED DOSE_____

PRE-DOSE TIME_____ RESIDUAL TIME_____ INJECTION TIME_____

UPTAKE TIME_____