

MRN: _____
FIN: _____

PACS IMAGES

ORDER VERIFIED: _____

2 ID'S VERIFIED: _____

ADVANCED NUCLEAR IMAGING – NUCLEAR MEDICINE

Today's Date: _____ Ordering Physician: _____ Height: _____ Weight: _____ lbs.

Patient Name: _____ DOB: ____/____/____

Allergies: Yes No Diabetic: Yes No Pregnant: Yes No Initials: _____

Food in the last 6 hrs? Yes No

Caffeine in the last 12 hrs? Yes No

Nicotine in the last 2 hrs? Yes No

Alcohol in the last 12 hrs? Yes No

Have you been diagnosed with Cancer? Yes No

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

Have you ever had Chemotherapy? Yes No Last date: _____

Have you ever had Radiation Therapy? Yes 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 No

Why did your doctor order this PET/CT? _____

List any other pertinent medical information: _____

_____ mCi 18F-FDG IV _____ @ _____ Glucose = _____ Scanned @ _____ Minutes

Most recent PET: ____/____/____ Circle one: 30 ml Gastroview or 15 oz. Cheetah