

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