

Patient Name: _____ Date of Birth: _____
MR #: _____ Scheduled Exam: _____

Do you have any of the following?

Yes No Claustrophobia/Nervousness	Yes No Endometriosis
Yes No Diabetes	Yes No Abscess
(Recent fasting blood sugar _____)	Yes No Any infection/pneumonia
Yes No Hypertension	Yes No Colostomy/ileostomy
Yes No CHF	Yes No Drains or tubes
Yes No Asthma	Yes No TB
Yes No Allergies	Yes No Sarcoidosis
Yes No Hepatitis	Yes No Thyroid disease
Yes No Esophagitis	Yes No Arthritis/Joint pain
Yes No Gastritis	Yes No Dental surgery (recent)
Yes No Hiatal hernia/reflux	Yes No Recent barium enema/colonoscopy

Have you had surgery or biopsy within the past two months? _____

Where? _____ Post surgical patients must wait 6 weeks for PET

Have you had chemotherapy? Y N Where? _____ Last treatment? _____

Post chemotherapy patients must wait 1 month for PET

Are you or have you taken: ___ Procrit (2 days) ___ Neupogen (10 days)
___ Neulesta (17 days) ___ Granix ___ Zarxio

Have you had radiation therapy? Y N Where? _____ Last treatment? _____

Post radiation patients must wait 3 months for PET

Have you had MRI / CT / PET or Bone Scan? _____ If so, PLEASE BRING FILMS

Are you pregnant? Y N Pregnancy precludes PET scanning

Are you breast feeding? Y N

If breast-feeding, discontinue for 24 hours after examination.

Are you taking antibiotics? Y N What medications are you currently taking? Please list:

Do you have a rising CEA or other blood test for cancer? _____

Do you have a venous access port? _____ Where? _____

Can you lie still on your back for 45 minutes? Y N

Do you require oxygen? Y N Do you require a wheelchair? Y N

Do you have difficulty with IV access? Y N

PATIENT INSTRUCTIONS

1. No strenuous exercise 24 hours prior to exam.
2. Patient family will wait in lobby.
3. Patient must fast 6 hours prior to exam, drink plenty of water during fast
4. Take all necessary medications with water.
5. Patient must lie still for approximately one hour.
6. If necessary, Valium 5 mg. p.o. can be prescribed by your referring physician.
7. Do you need directions to the facility?
8. PET films kept at North Country Imaging Center
9. After PET exam, the patient must stay away from infants, children, and pregnant women because of the injected material.
10. The two meals prior to fasting must be high protein, low carb.

DIABETICS

1. Your fasting blood sugar level must be approximately 160 or below on the day of exam or the exam may need to be rescheduled.
2. On the day of the exam, you will be fasting for 6 hours prior to the exam. In order to achieve the appropriate blood sugar level, you should discuss with your physician whether to hold or reduce your normal morning insulin dose.
3. A finger stick blood glucose test will be performed when you arrive at the PET scanner.

The above information is accurate to the best of my knowledge.

Patient's Signature: _____ Date: ____/____/____