

PET Information Sheet

Name: _____ Date of Exam: _____
Birth Date: _____ Sex: M F Height: _____ Weight: _____

If you know the reason your doctor ordered this PET scan please indicate here
(Include type of cancer or specific medical condition being evaluated)

Have you had previous surgery or biopsy? Y N
If yes, please list dates and briefly describe what was done.

Previous or ongoing radiation therapy? Y N
If yes, please list start and end dates or radiation treatments.

Previous or ongoing chemotherapy? Y N
If yes, please list start and end dates of chemotherapy treatments.

Do you have diabetes? Y N
If yes, do you take insulin? Y N Time of last insulin dose: _____

Do you receive any treatment by injection into the skin or muscle such as vaccines or intramuscular medications? Y N

If yes, specify the location of injection site(s) and how recent they were given.
Site(s): _____ Time: _____

Other major medical illnesses or medical problems (please list here)

Do you have any of the following:

Chemotherapy infusion port	Y	N	If yes, location _____
Colostomy	Y	N	If yes, location _____
Urine catheter	Y	N	If yes, location _____
Drains/Open Wounds	Y	N	If yes, location _____
Infections	Y	N	If yes, location _____
Pacemaker	Y	N	If yes, location _____
Artificial Joints	Y	N	If yes, location _____
Implants	Y	N	If yes, location _____
Recent Injuries	Y	N	If yes, location _____
Arthritis	Y	N	If yes, location _____

Office Use Only

BGL: _____ mg/dl

Dose: _____ mCi FDG Time: _____ Inj. Site: _____ Inj. By: _____