



Scheduling protocol for PET/CT with 18F-choline examination

Patient information

Name and last name: Patient phone:

Personal ID: HIC code:

Height: Weight: Sex: Male Female

Patient address:

Patient email: Date of birth:

Referring organization

Address:

Phone no./Fax no.: Email address:

Diagnosis and detailed health information on the patient:

Diagnosis: What question should be answered by the examination?:

Gleason score: Radiotherapy focused on prostate, event. prostatic capsule: Yes No

Prostatic surgery (what type): No RAPE TUR P Date of surgery:

Last PSA Date PSA f/T PSA (%) Date f/T PSA

PSADT Date PSADT ALP Date ALP

Allergy to choline:

Allergy to medicines, contrast agents or food:
Preparation as in a CT examination with the administration of contrast agent is necessary for the PET/CT examination with a fully diagnostic CT.

Short epicrisis/summary of previous examinations:
It is necessary to submit written findings from previous examinations or images (CT, MRI, USG...), ideally on a digital medium (CD, DVD, USB key...)

Creatinine level: Does the patient use METFORMIN? Yes No

Physician information:

Name of physician: Physician code:

Date: Department code:

Stamp and signature of physician: Patient signature:

By signature, the physician declares that he/she has examined the patient and considers the examination appropriate and assumes its benefit for the patient's further condition. The physician considers the examination urgent!

By signing, I confirm that I have been advised and agree to the examination.



IZOTOPCENTRUM

IZOTOPCENTRUM, s.r.o.

Nuclear Medicine Department

Rázusova 24, 949 01 Nitra

More Details

