



Scheduling protocol for PET/CT with 18FDG 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?:

Oncomarkers:

Surgery:

Date of last chemotherapy and radiotherapy (if was applied):

Is the patient diabetic? If so, what is the treatment (diet, peroral antidiabetics, insulin)? (Due to the nature of the examination it is necessary to ensure that the DM is compensated = glycaemia under 10 mmol/l)

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



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More Details

