



# Scheduling protocol for PET/CT with 18FET 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:

<p>Diagnosis</p> <input type="text"/>	<p>What question should be answered by the examination?</p> <input type="text"/>
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Date of last radiotherapy (if administered):

Surgery:

**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...)

## 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.



**IZOTOPCENTRUM**

**IZOTOPCENTRUM, s.r.o.**

Nuclear Medicine Department

Rázusova 24, 949 01 Nitra

## More Details

