

DATE: _____

PATIENT HAS FOLLOW-UP APPOINTMENT ON: _____

Patient Name: _____ DOB: _____

Weight (lbs) _____ Height _____

Indication for Scan: _____ (Initial / Subsequent) Location: _____

Date Diagnosed: _____

Cancer Treatment:

**Chemotherapy: Y / N Last Treatment: _____

**Radiation Therapy: Y / N Last Treatment: _____ Location: _____

**Surgery for Cancer: Y / N Date: _____ Location of surgery: _____

IV Contrast: Y / N GFR: _____ Creatinine: _____ Date of Blood Draw: _____

Diabetic Medications: Y / N List: _____

PET SCAN INFORMATION

Glucose Level (mg/dl): _____ diabetic? Y / N

NPO Status: Y / N _____

Inject Activity (mCi) _____

Injection Site: _____

Injection Time: _____

Scan Time: _____

Total Uptake Time: _____

Number of Bed Positions: _____

Time per Bed: _____

Amount of Oral Contrast: _____

Amount of IV Contrast: _____ ml
_____ mg/ml Omnipaque

Rate: _____ ml/s

Amount of FDG Injected

Assay: _____ mCi

Residual: - _____ mCi

Dose: _____ mCi

Technologist Comments:

