



CARO REGION

NUCLEAR MEDICINE DEPARTMENT  
GENERAL PATIENT DATA INFORMATION SHEET

PATIENT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ X-RAY #: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

ORDERING PHYSICIAN: \_\_\_\_\_

MEDICAL HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS EXAMS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ISOTOPE: \_\_\_\_\_

DOSE: \_\_\_\_\_

TIME: \_\_\_\_\_

TECHNOLOGIST: \_\_\_\_\_