

PATIENT HAS FOLLOW-UP APPOINTMENT ON: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (lbs) \_\_\_\_\_ Height \_\_\_\_\_

Indication for Scan: \_\_\_\_\_ ( Initial / Subsequent ) Location: \_\_\_\_\_

Diagnosis Date: \_\_\_\_\_

**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 Isovue

Rate: \_\_\_\_\_ ml/s

**Amount of FDG Injected**

Assay: \_\_\_\_\_ mCi

Residual: \_\_\_\_\_ mCi

Dose: \_\_\_\_\_ mCi

Technologist Comments:

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

Signature

Date/Time