

**CENTER FOR DIAGNOSTIC IMAGING**  
**856-794-1700**

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

**Instructions for PET/CT**

**24 Hours prior to exam**

1. Drink 6-8, 8oz glass of water.
2. No strenuous activity or exercise.
3. No concentrated sugars (candy or juices) or natural sugar, as found in fruit.
4. Eat a high protein/low carbohydrate diet.

**Day of the exam**

Do not eat 8 hours prior to the PET/CT scan.

No caffeine, smoking, or alcohol for 12 hours prior to the scan.

Take all medications except fluid pills-these will have to wait until after the appointment.

Drink  $\frac{3}{4}$  of bottle of Barium when you wake up and bring the remaining Barium with you.

Bring a list of medications.

Bring a copy of the most recent MRI and CT films IF THEY WERE NOT DONE AT CDI

DO NOT bring children or pregnant women with you.

If you are diabetic, contact our office and ask for Sandy.

Tell your doctor if you are pregnant or think you might be pregnant, or if you are a nursing mother.

Wear comfortable clothing, leave valuables at home

**Arrive at your scheduled time.**

You can expect to be here for **2 1/2-3 hours**. Please bring PET/CT prescription and insurance cards.

**Patient must confirm appointment 24 hours prior to study so the injection may be ordered. There will be a charge for patients who do not show up for their appointment. This fee will cover the cost of the unused isotope.**

**Any questions or concerns, please call Center for Diagnostic Imaging at 856-794-1700 and ask for Sandy.**

**PET/CT QUESTIONNAIRE**

Weight: \_\_\_\_\_ lb. Height: \_\_\_\_\_ DOB: \_\_\_\_\_

Are you diabetic? \_\_\_\_\_ Do you take insulin or a Pill? \_\_\_\_\_ Time of last dose \_\_\_\_\_

1. Have you been fasting? Yes [ ] No [ ] Since When? \_\_\_\_\_

2. Are you hydrated? Yes [ ] No [ ]

3. List any surgical history and dates \_\_\_\_\_

4. Have you had CT, MR, x-ray, or nuclear studies? Yes [ ] No [ ] Where: \_\_\_\_\_

5. Have you had any biopsies? Yes [ ] No [ ] \_\_\_\_\_

6. What facility did you have your biopsy? \_\_\_\_\_?

7. Have you had any chemotherapy? Yes [ ] No [ ] When? \_\_\_\_\_

8. Have you had Neupogen/Epogen after chemo? Yes [ ] No [ ] When? \_\_\_\_\_

9. Have you had radiation therapy? Yes [ ] No [ ] When? \_\_\_\_\_

10. Do you have an ostomy site? Yes [ ] No [ ] Where? \_\_\_\_\_

11. Do you have a catheter? (porta-cath) Yes [ ] No [ ] When/Where? \_\_\_\_\_

12. Have you had any of the following in the last few weeks?

Inflammation Yes [ ] No [ ] When/Where? \_\_\_\_\_

Recent injury Yes [ ] No [ ] When/Where? \_\_\_\_\_

Infection (sinus, throat, bladder) Yes [ ] No [ ] When/Where? \_\_\_\_\_

Dental work or infection Yes [ ] No [ ] \_\_\_\_\_

14. Do you smoke? Yes [ ] No [ ] How often? \_\_\_\_\_

**ACQUISITION DATA**

RADIORX FDG DOSE \_\_\_\_\_ mCi INJ TIME \_\_\_\_\_ SCAN TIME \_\_\_\_\_

DIABETIC Y / N FBS \_\_\_\_\_

PREGNANT Y / N PT's Signature \_\_\_\_\_