



# FULL BODY PET/CT SCAN QUESTIONNAIRE

## PATIENT GENERAL INFORMATION

NAME: \_\_\_\_\_  
Last Name First Name Suffix

SEX: F M

AGE: \_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

WEIGHT: \_\_\_\_\_

KILOS

LBS

ADDRESS: \_\_\_\_\_  
Street Name Number City State Zip Code

EMAIL: \_\_\_\_\_

PHONE NUMBER (1): \_\_\_\_\_

PHONE NUMBER (2): \_\_\_\_\_

## PATIENT MEDICAL HISTORY

HAVE YOU PREVIOUSLY HAD ANY IMAGING DONE AT SCANTIBODIES? YES | NO ¿WHICH? \_\_\_\_\_

NAME OF REQUESTING PHYSICIAN FOR PET/CT SCAN: \_\_\_\_\_

PHYSICIANS PHONE NUMBER: \_\_\_\_\_

PHYSICIANS EMAIL: \_\_\_\_\_

MEDICAL DIAGNOSIS/TYPE OF CANCER:

REASON FOR THE STUDY:

Have you received **CHEMOTHERAPY**? YES NO

Are you able to move around by yourself? YES NO

DATE OF LAST SESSION: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

Do you use any assistance device to move? YES NO

If so, state device needed. \_\_\_\_\_

Have you received **RADIATION THERAPY**? YES NO

Are you currently hospitalized? YES NO

DATE OF LAST SESSION : \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

Do you require supplemental oxygen? YES NO

**Women**, are you currently pregnant or lactating? YES NO

In which part of the body did you receive radiation therapy?  
\_\_\_\_\_

Do you suffer from allergies? YES NO

If so, state allergies. \_\_\_\_\_

Do you think you will need anesthesia during PET/CT scan?

YES NO Reason: \_\_\_\_\_

**PLEASE INDICATE ANY SURGERIES UNDERGONE RECENTLY:** (Biopsies, tattoos, piercings, dental, any procedure requiring stitches):

**TYPE OF SURGERY:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

Do you suffer from **DIABETES**? YES NO

If so, please indicate treatment used for your diabetes: \_\_\_\_\_

Please indicate your glucose levels for the last 5 days:

Day 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 3: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 4: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day 5: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INVOICE INFORMATION – IF NEEDED

NAME: \_\_\_\_\_  
Last Name First Name Suffix

TAX ID NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PATIENT SIGNATURE

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR



## PREPARATION FOR PATIENTS (PET-CT)

**PET SCAN MAY BE CANCELLED AND DEPOSIT LOST IF PATIENT IGNORES OR OVERLOOKS ANY OF THE INDICATIONS STATED BELOW.**

### IMPORTANT NOTES:

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- Only patient will be allowed entrance to the building, no companions allowed. Only exceptions are if patient is underage or if patient has a disability.
- No underage children (18+) or pregnant women permitted as patient companions.
- **NO EXCEPTIONS: must wear face mask covering nose, mouth and chin completely.**
- **Patients with diabetes:** scan will not be performed and deposit will be lost if glucose levels are above 150mg/dl.
- **Pregnant women:** scan cannot be performed due to high risk to fetus.
- **Women lactating:** must inform Scantibodies at least 3 days before your appointment for special instructions.
- **Anesthesia:** requires previous anesthesiologist appointment and extra cost.
- **Myasthenia gravis:** must inform Scantibodies personnel if patient suffers from myasthenia gravis.
- Programming process requires previous appointment via phone or email.
- Must arrive to appointment 10 minutes before scheduled time.
- If patient cancels scan once appointment is confirmed deposit will be lost, no exceptions.

### DAY BEFORE PET SCAN:

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- Avoid any sugars and food high in carbohydrates **24 hours before** the scan.
- No smoking or drinking alcoholic beverages/caffeine **12 hours before** the scan
- No strenuous physical activity **24 hours before** the scan.

### DAY OF PET SCAN:

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- **Total fasting of 8 hours** (includes chewing gum).
- **Do not suspend medication** even with fasting; diabetic patients see instructions on second page.
- **Hospitalized patients:** do not administer IV fluid/drip 8 hours prior to scan.
- Must wear comfortable clothing without metals, embellishments or metal zippers. (Ex: sportswear, pijamas, etc.)
- Patient is not permitted to wear jewelry or any type of decorations. Preferably avoid wearing makeup to scan.
- Patients with long hair must wear it in a bun during appointment.
- Must bring medical order requesting PET scan given by attending physician.
- Please bring any previous scans, lab work, biopsies etc. Scans may be in disc, images or written reports. Documents will be checked during appointment and will be returned before scan is over. (Ex: MRI, CT scan, ultrasound, etc.)

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## AFTER PET SCAN:

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- **No contact with children under the age of 18 or pregnant women for 8 hours after the PET scan.**
- Avoid crowded places for 8 hours after the PET scan.  
(Ex: shopping malls, restaurants, movie theaters, social events, airports)
- Once PET scan is completed patient will be given folder with images and disc of the scan.
- Results are sent via email in a lapse of **72 working hours**.

## PATIENTS WITH DIABETES:

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In order to perform PET/CT scan diabetic patients must have a **glucose level below 150mg/dL**.

- Must suspend **INSULIN 4 hours prior** to appointment.
- Must suspend **METFORMIN 24 hours prior** to appointment.
- It is necessary to bring medication/insulin being used by patient the day of the appointment. After completing PET scan patient may continue taking medication as instructed by their doctor.

**NOTE:** IF POSSIBLE PLEASE MAKE SECOND PAYMENT WITH CREDIT OR DEBIT CARD.

**PLEASE SEND ALL DOCUMENTOS TO THE FOLLOWING EMAIL:** [citas@imagenologiyterapia.com](mailto:citas@imagenologiyterapia.com)

PATIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_