

REGISTRATION FOR F-18 FDG PET/CT

Patient's name _____ Email address _____
Date of Birth (D|M|Y) _____ Residential address _____

Name of the referring physician _____
Phone _____
Fax _____

Diagnosis

Please fill the form completely; the examination cannot be performed without full information!

Height _____ cm
Weight _____ kg

PREVIOUS THERAPY

Primary Tumor Surgery

No
Yes

Which
Date

Chemotherapy

No
Yes

Name
Date

Radiation

No
Yes

Region
Date

Others

No
Yes

Name
Date

Is the patient diabetic?

- No
- Yes

If you are a **non-insulin-dependent diabetic**, please take full dose of the diabetes medication on the morning of the PET/CT examination and do not stop taking metformin.

If you are an **insulin-dependent diabetic**, please eat a high-protein and low-carbohydrate meal the evening before, inject the full dose of insulin at 6.30 am on the morning of the PET/CT examination and eat a bread slice with butter. Please also bring your insulin with you to the examination.

Diagnostic Contrast-enhanced Computed Tomography (CT)

Yes If current contrast-enhanced CT of the corresponding body regions is available, then a low-dose CT-based attenuation correction may be enough

CT
Where
When

MRI
Where
When

No If no current CT examination is available

TSH (not older than 4 weeks) _____
Creatinine (not older than 4 weeks) _____

Known contrast agent allergy
No
Yes

Other allergies
No
Yes
Which

All reports (histology, surgery report, doctors letters, tumor markers, etc.) must be available before the examination; CT / MRI images (on a CD) should be brought along by the patient!