

FDG PET-CT INFORMATION and PREPARATION

IMPORTANT: PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS CLOSELY

PET (Positron Emission Tomography) uses small amounts of short-lived radioactivity to detect abnormalities within cells in your body.

During the test a radioactive glucose tracer will be injected into a vein in your arm; it has no side effects, and you will experience no unusual sensations. Following the injection, there is a period of rest in a quiet room for 1 hour while the injection is absorbed.

After this time the PET images will be taken, and CT scans if necessary, taking 20-30 minutes. You will be required to lie flat and remain still for the images.

You are able to leave shortly after the scan is completed and resume normal activities. Breastfeeding, caring for small children and contact with pregnant women should be avoided for 4 hours following the injection of the radiotracer.

The total time taken for this procedure is 2-3 hours. The report will be sent electronically to your referring doctor when complete.

Please notify us at the time of booking, if you are diabetic, as there may be extra requirements to ensure your blood sugar levels are optimal.

You or your designated contact will also receive a phone call the day prior to your appointment to reconfirm the instructions.

For additional information about PET-CT please visit our website www.envisionmi.com.au

PREPARATION

1. You must fast from all food and drink (except plain water) for 6 hours before your appointment. Do not smoke or chew gum in this time. You may take essential medications but do not take vitamins, throat lozenges etc.
2. Drink 4 glasses of plain water over the hour prior to your appointment. You may go to the toilet as necessary.
3. Avoid strenuous exercise for 24 hours prior to your test.
4. Wear warm, metal-free clothing, and remove jewellery.
5. Bring any scans relevant to your current condition.

Other important information – please bring this form to your appointment in addition to your referral form and Medicare card.

Arrive for your appointment at _____ am/pm
on _____

Envision will bulk bill all Medicare rebatable indications referred by a specialist only.

Brain PET-CT Patient Information, Consent and Checklist

Patient Height:

Patient Weight:

Have you had a PET or CT scan before?	YES	NO
<i>If YES, where and when?</i>		
Reason for this scan:		
<i>When were you diagnosed with your condition?</i>		
Has your condition been treated with surgery?	YES	NO
<i>If YES, when and to which body part?</i>		
Have you had chemotherapy or immunotherapy?	YES	NO
<i>If YES, when was your last treatment?</i>		
Have you had radiation therapy?	YES	NO
<i>If YES, to which body part and when was your last treatment?</i>		
Have you had any past, treated cancers, separate and different to your current condition?	YES	NO
<i>If YES, when and to which body part?</i>		
Do you have Diabetes?	YES	NO
<i>If YES, Do you take insulin?</i> YES NO <i>Do you take tablets?</i>	YES	NO
Have you had any recent infections?	YES	NO
<i>If YES, when and to which body part?</i>		
Have you had any other recent surgery or trauma?	YES	NO
<i>If YES, when and to which body part?</i>		
Do you or have you ever smoked?	YES	NO
<i>If YES, how many a day and for how many years?</i>		
Are you willing for your de-identified scans (with your personal details removed) being accessed for purposes of research and education?	YES	NO
Is there any chance you may be pregnant?	YES	NO N/A

I have read this form, understand the purpose of the tests, and consent to the test being performed.

Patient Name		
Patient Signature <i>(or signature of legal guardian)</i>		Date
Signature of MIT / Radiologist	Signature of MIA/Nurse	

OFFICE USE ONLY

PT ID: NAME DOB ADDRESS **PROCEDURE:** EXAM SIDE CONSENT

Signature of EMI Staff _____