

OPTIMA DIAGNOSTIC IMAGING

CT • MRI • PET/CT • BONE SCAN

Bone Scan Questionnaire

Name: _____ Birthdate: _____ Age: _____ Date of Exam: _____

Height: _____ Weight: _____ Sex: M F Referring Physician: _____

Reason for Exam: _____

Have you had any recent changes to your history: _____

Have you had:

Previous Surgeries N Y If yes, when and for what: _____

Radiation Therapy N Y If yes, when and what area: _____

Chemotherapy N Y If yes, when: _____

Do you have:

Diabetes N Y Insulin/Glucofage or Metaforum N Y
Dose and time of last dose _____

Allergies N Y If yes, please list _____

Claustrophobia N Y _____

Colostomy/Ileostomy N Y If yes, location: _____

Internal Catheter N Y If yes, location: _____

Drains/Open Wounds N Y If yes, location: _____

Infections N Y If yes, location: _____

Recent Injuries N Y If yes, location: _____

Arthritis N Y If yes, location: _____

Artificial Joints N Y If yes, location: _____

Pacemaker N Y _____

Cosmetic Implants N Y If yes, location: _____

Are you Pregnant or Nursing N Y **If yes, or think you could be, *inform Technologist* before exam**

Have you had any food today? N Y If yes, When: _____ What? _____

If you have any other major illnesses please explain: _____

What medications are you taking and the dose: _____

Patient Signature: _____ **Date:** _____

Print Name: _____

Office Use Only TECHNOLOGIST NOTES

Glucose: _____
FDG Info: _____ Pre ASSAY: _____ mCi Post ASSAY: _____ mCi

Dose: _____ mCi FDG Time: _____ Injections Site: _____ Injected By: _____

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INFORMED CONSENT FOR PET BONE SCAN (NaF PET/CT of the Bone)

Please read and sign the following document. If you have any questions or concerns about your bone scan procedure, please consult the Technologist.

Your doctor has ordered a diagnostic imaging examination called a Sodium Fluoride PET bone scan, the combination of two imaging techniques in one exam that includes both a Positron Emission Tomography (PET) and a Computed Tomography (CT) scan. Both of these are standard imaging tools that physicians use to locate abnormalities in the body.

Your PET/CT scan requires the administration of a small amount of radioactive tracer. The Technologist will give you an injection of this radioactive material called F-18, if you are having a PET Bone Scan, or. This substance will absorb into the body. After the injection, you will rest in a comfortable room while this F-18 goes through your body. You will then be taken into the room with the PET/CT scanner where you will lie comfortably on the scanner bed during your procedure.

After your procedure is complete, you will be reminded to drink plenty of fluids to flush the radioactive glucose from your bladder. After you leave, you must avoid close contact with small children and pregnant women for at least four hours following the end of your PET examination.

Your signature below certifies that you have read and understand the foregoing. You hereby consent to have the PET/CT bone scan examination performed.

Print Name: _____

Signature: _____ Date: _____

Witness: _____

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Dear Patient,

Your Physician has ordered a PET-CT/Nuclear Medicine study which involves an injection of a Radiopharmaceutical at the time of your study.

Please be aware that these Radiopharmaceuticals are ordered especially for you a day in advance and are quite costly. Please realize that these Radiopharmaceuticals expire within 1 hr from the time they were meant to be used, and cannot be used at a later date.

We ask that should you not be able to keep your appointment with us, that you inform us within 24 hrs of the test. If not a additional charge of up to \$180.00 could be your responsibility.

We appreciate your understanding and cooperation in this matter, and look forward to seeing you at the time of your exam.