Order for PET – PET/CT investigation with ¹⁸FDG

Surname, name:

Id. No: Health insurance company: Body height:

Body weight:

Address and tel. No. (mobile) of patient:

Address, tel. No./fax of sending facility:

Diagnosis, clinical status, histology:

Date of latest chemotherapy and radiotherapy:

(if applied)

What question is to be answered by the investigation?

(staging, confirmation of therapy efficiency, confirmation of metabolic remission, suspected regression, re-staging, others)

Does the patient suffer from diabetes? If yes, what treatment he/she receives (diet, PAD, ins.)?

Regarding the investigation characteristics it is necessary to compensate his/her DM (glycaemia below 10 mmol/l)

Allergy of patient to medicaments, contrast substances or foodstuffs?

Same preparation with application of contrast substance as for CT investigation is needed for PET/CT investigation with fully diagnostic CT. Descibe the preparation.

Brief epicrisis / summary of recent investigations:

Send the patient to the investigation with relevant *written and graphical (CT, MRI...)* documentation.

Date:

..... Physician stamp and signature

Sending physician code

I confirm by my signature that I was instructed and I agree with the investigation.

..... patient