



Questionnaire PET

Would you please hand this form to the assistant before the examination.

Name of patient				
Date of birth	Room Nr.	Weight (kg)	Height (cm)	Krea/GFR

Have you ever had any surgeries? When? Yes No

Have you had a radiation therapy? Which region? When?

Have you had a chemotherapy? When?

Are you suffering from diabetes?

When did you have your last meal?

Females: Are you pregnant?

I confirm that I have read and understood the questionnaire and that I have answered the questions concerning my person to the best of my knowledge. I have been fully informed about this kind of examination and the need for receiving a radioactive substance. My questions have been adequately answered during a personal conversation. I consent to the conduct of the proposed examination including the potential application of contrast medium.

Date/time	Patient's signature or legal guardian's signature	Physician's name and signature	Med. tech. employee's name and signature
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Ärztliche Anamnese					
BZ		Applikation		Uhrzeit	
Aktivität voll		MBq		Uhrzeit	
Aktivität leer		MBq			
Netto		MBq			
Charge					
CT:	LD	<input type="checkbox"/>	nativ	<input type="checkbox"/>	venös <input type="checkbox"/>
Region:	Kalotte-SY	<input type="checkbox"/>	OUR-SY	<input type="checkbox"/>	GK <input type="checkbox"/>