



HNMPO

PATIENT NAME: _____ SEX: _____ D.O.B. _____
Last First MI
 PHONE Day: _____ Night: _____ ALLERGIES: _____

****DIAGNOSES:****

****DIAGNOSES:****

1. _____ 2. _____

OTHER EXAM OR INSTRUCTIONS:

STAT Order:

CALL Report to Dr.:

We cannot accept signature stamps. DR. FAX #: _____

Physician Signature: _____

Date: _____

Time: _____

PET/CT	
____ PET/CT IMAGING W/CONCURRENT CT, LIMITED	78814
____ PET/CT IMAGING W/CONCURRENT CT, SKULL TO MID-THIGH	78815
____ PET/CT IMAGING W/CONCURRENT CT, WHOLE BODY	78816
For additional information, call 281.440.2310	

Height _____ Weight _____

Diabetic Y N

Planning Initial

Planning Subsequent

PATIENT PREP PET/CT Imaging

Non-Diabetic:

1. No food for 6 hours prior to appointment (including gum, breath mints, hard candy, etc.)
2. Follow the high protein, low carbohydrate diet below for 24 hours prior to your test.
3. You may drink ONLY water up to the time of your test. **No other type of liquid is allowed.**
4. Take medications as scheduled prior to your appointment as long as they are tolerated on an empty stomach.
5. NO strenuous exercising 24 hours prior to your appointment.

Diabetic:

1. No food for 6 hours prior to appointment (including gum, breath mints, hard candy, etc.)
2. Follow the high protein, low carbohydrate diet below for 24 hours prior to your test.
3. You may drink ONLY water up to the time of your test. **No other type of liquid is allowed.**
4. Diabetics who take ORAL medications should wait until the exam is complete to take them.
5. Subcutaneous insulin dependent Diabetics should have their last injection 2 hours prior to the appointment.
6. Take other regularly scheduled medication prior to appointment as long as they are tolerated on an empty stomach.
7. NO strenuous exercising 24 hours prior to your appointment.

All Patients:

1. Wear warm, loose-fitting clothing. The scanners tend to get cool. You will NOT be required to remove your clothing prior to the scan.
2. Allow 2-3 hours for the exam.
3. You must be able to lay still and mostly flat for about 60 minutes.

Breakfast Diet

Eggs any style
 Bacon or sausage
 Water
 NO juice
 NO toast or potato

Dinner Diet

Grilled 8oz. steak or
 1/2 baked, grilled or broiled chicken breast or
 8oz. grilled salmon fillet
 Side items, select one:
 Asparagus, Broccoli, Mushrooms or Tossed salad

Foods to Avoid:

Refined sugar, all fruits, all fruit juices, raisins, beets, cantaloupe, cereal, rice cakes, all breads, carrots, corn, kidney beans, muffins, potatoes, pretzels, chips, rice, tortillas, granola, oatmeal, pasta, peas, yams and all sodas.

Patient Label

VO/TO
 Read Back

**OUTPATIENT PET/CT
 PHYSICIAN ORDER**