



**3. Previous Imaging Studies**

**Please attach reports**

Study	Date	Facility
MRI		
CT		

4. Can the patient manage with minimal assistance and look after personal needs?  Yes  No  
(**Karnofsky performance score 60 or more**)

Can the patient lie supine for twenty minutes?  Yes  No

5. **Diabetes:**  No  Diet only  Oral Medication  Insulin

Physician caring for diabetes \_\_\_\_\_

6. **Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
dd mmm yy

-----NUCLEAR MEDICINE USE ONLY-----						
<input type="checkbox"/> <b>MD APPROVED</b>						
	ACTIVITY/AMOUNT	ROUTE	INJ. SITE	DATE dd mmm yyyy	TIME	TECH
<sup>18</sup> F - FDG	MBq	I.V.			h	

Alternative I.V access particulars: \_\_\_\_\_