

TO PREPARE FOR YOUR EXAMINATION

PATIENTS UNDER THE AGE OF 18 REQUIRE SPECIAL PREPARATION AND MUST BE ACCOMPANIED BY A PARENT. PLEASE CALL THE FACILITY FOR COMPLETE INSTRUCTIONS.

PET/CT and Diagnostic CT with Contrast

The room is kept at a comfortable temperature. If you would prefer not to change into a gown, wear comfortable clothing with no metal, zippers or snaps. Make-up is not an issue, although you may be asked to remove your jewelry if necessary.

- Plan on approximately 1.5 to 2 hours at the facility.
- Refrain from exercise for 24 hours prior to your exam, including long periods of walking.
- If your doctor has ordered a CT of the Chest, Neck or Head in conjunction with your PET/CT do not eat or drink anything for 6 hours prior to your scan, EXCEPT WATER. Try to drink a MINIMUM of 24 oz. of water during the 6 hour fasting period.
- **Please pick up your oral prep from our facility 24 hours prior to your examination.**
- On the day before the exam, limit carbohydrates – eat mainly protein and vegetables.
- Regular medications are okay, as long as the medications can be tolerated on an empty stomach.
- You will be required to lie flat on your back for approximately 20 minutes. If you anticipate any difficulty with this requirement, please contact the facility prior to your appointment day.
- If you are diabetic or allergic to iodine, please contact the facility for special instructions prior to your appointment day.

PET/CT ONLY

The room is kept at a comfortable temperature. If you would prefer not to change into a gown, wear comfortable clothing with no metal, zippers or snaps. Make-up is not an issue, although you may be asked to remove your jewelry if necessary.

- Plan on approximately 1.5 to 2 hours at the facility.
- Refrain from exercise for 24 hours prior to your exam, including long periods of walking.
- You are required to have nothing to eat or drink 6 hours prior to the examination, EXCEPT WATER. Try to drink a MINIMUM of 24 oz. of water during the 6 hour fasting period.
- On the day before the exam, limit carbohydrates – eat mainly protein and vegetables.
- Regular medications are okay, as long as the medications can be tolerated on an empty stomach.
- You will be required to lie flat on your back for approximately 20 minutes. If you anticipate any difficulty with this requirement, please contact the facility prior to your appointment day.
- If you are diabetic or allergic to iodine, please contact the facility for special instructions prior to your appointment day.

** Claustrophobic patients please contact the facility for special instructions prior to your appointment day.*

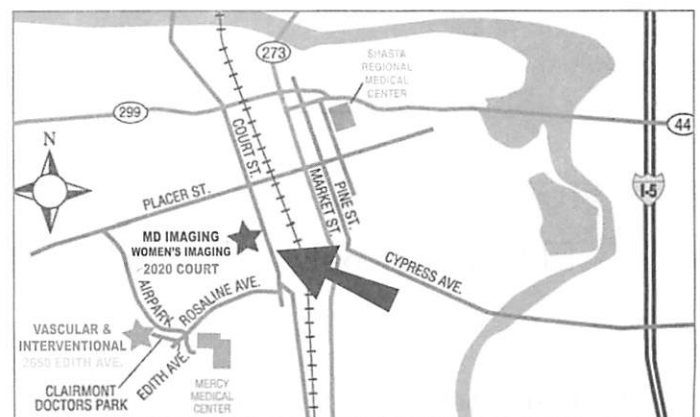
IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL US, WE'RE HERE TO HELP



DIRECTIONS

From Interstate 5 (north or south bound) or Highway 44

- Take the Highway 44 West/Central Redding exit
- Stay on highway, which becomes Shasta Street
- Turn left at Court Street
- Turn right on Gold Street
- MD Imaging Center will be on the left



PATIENT NAME _____ DATE OF BIRTH _____
STUDY REQUESTED 1) _____ DATE _____ ARRIVAL TIME _____
2) _____ APPOINTMENT TIME _____
HISTORY / SIGNS / SYMPTOMS _____

REQUESTED BY _____ CC: _____

PHONE REPORT STAT REPORT FAX REPORT PATIENT TO RETURN WITH X-RAYS AND REPORT

ATTENTION PATIENT - PLEASE BRING THIS FORM TO YOUR EXAM

PET/CT ORDER FORM

(Positron Emission Tomography Computed Tomography)

Whole Body - eyes to thighs **Melanoma** - top of head to bottom of feet **Brain**

Indicate purpose of test:

- Diagnosis
 Staging
 Restaging

OPTION 1 (*Two Studies*)

** Must check to order both a Pet/CT in conjunction with a complete Diagnostic CT, both boxes must be checked.*

- PET / CT and
 Complete Diagnostic CT with contrast
- Neck
 - Chest
 - Abdomen
 - Pelvis
 - Other _____

OPTION 1 (*One Study*)

- PET / CT only (*with limited attenuation correction CT*)

Please bring your health insurance information, forms, and cards with you.

