Facility Name: _____
Address: _____
City, State ZIP: _____

PET/CT Consent Form
FDG / NaF / Amyloid Radioisotope Injections

Effective Date: February 1, 2018

Patient Name: _____ Medical Record #: _____

Ordering Physician: _____ Date: _____

Radioisotope Name: _____ Dose: _____

Patient Information:

This PET/CT examination is done by using a special computer, which allows us to view internal organs, typically not visualized using standard imaging techniques.

ALL PET/CT examinations require the injection of a radioisotope (tracer) into your bloodstream. The use of this tracer helps us to visualize certain organs inside the body, which are not normally seen well, and provides the radiologist with information, which is necessary in evaluating your exam.

This tracer is given through a small needle placed into the vein, usually on the inside of your elbow or on the back of your hand. The tracer is considered quite safe; however any injection carries a risk of harm including injury to a nerve, artery, or vein, or infection or reaction to the material being injected. These reactions are very rare.

Please answer the following questions so that we may evaluate if you are at high risk for adverse effect to the contrast material:

Patient Attestation:

- ☐ Yes ☐ No Have you ever had an "allergic" like reaction to any contrast material that required treatment?
- ☐ Yes ☐ No Do you have allergies or asthma?
- ☐ Yes ☐ No Do you have a history of heart disease or high blood pressure?
- ☐ Yes ☐ No Do you have a history of myeloma, sickle cell disease, polycythemia or pheochromocytoma
- ☐ Yes ☐ No Do you have a history of kidney disease or diabetes?
- ☐ Yes ☐ No Is there any chance that you are pregnant?
- ☐ Yes ☐ No Are you breastfeeding?

Your doctor has ordered this PET/CT exam, to secure more information, which will aid in the diagnosis of your condition. If you have additional questions regarding your exam, please feel free to discuss them with the Technologist or Radiologist prior to your scan.

Patient Consent:

I have read the foregoing and understand it.
Any questions that may have occurred to me have been answered to my satisfaction.

My signature below constitutes my agreement to this administration and confirms that:

1. I have read and understand the information provided on this form.
2. I have been verbally informed about this procedure.
3. I had a chance to ask questions.
4. I authorize and consent to the performance of this procedure.

I understand that emergency or follow-up care, if needed, is the direct financial responsibility of the patient receiving additional 3rd party services (ambulance transport to a hospital, 911 call, medical care, etc.).

Date _____ Patient Signature _____

Parent/Guardian Signature if Patient is a Minor or has a Legal Guardian _____

Witness Signature _____