

Patient:



University Clinic Tübingen

PET/CT - Center

Dept. Nuclear medicine and Radiological Diagnostic

Hoppe-Seyler-Str. 3 • 72076 Tübingen

Tel: 07071 / 29 - 83424

Fax: 07071 / 29 - 4501

Referrer:

Request for a PET - CT Examination

Please note:

- FASTING 12 HOURS BEFORE EXAMINATION
SUFFICIENT HYDRATES (UNSWEETENED TEA OR WATER)
ACTUAL CT/MRT-PHOTOS + DIAGNOSIS REQUIRED

Study patient [] yes, Name of study: [] no

Diagnosis and further questions/problems:

Operation [] yes, when/body part [] no
Chemotherapy [] yes, when ended [] no
Radiation [] yes, when ended [] no
Previous CT [] yes, when/where [] no
Previous PET [] yes, when/where [] no

Patient has at the time of the examination and for the purpose of the examination the following health insurance status

- Out-patient
[] private
[] Pink form from doctor authorizing initial examination/ in-patient status
[] Paying personally/IGEL

- In-patient
[] private
[] Statutory Health Insurance
[] Paying personally

Height/Weight _____ cm / _____ kg

Actual creatinine value _____ mg/dl

Overactive thyroid gland [] yes-Thyroid gland blockade please! [] no TSH _____ mU/l

Pregnancy [] yes [] no

Diabetes mellitus [] yes [] Type 1 [] Type 2 [] no

Important: Stop Metformin Preparation!

Does the patient suffer from claustrophobia? [] yes [] no

Contrast medium allergy [] yes [] no

Preferred appointment date (please give alternatives)

Name, Telephone, Bleeper and Fax of the referrer

Date, Signature

Only to be completed by the PET / CT-Center, please do not mark

Indication approved - Radiology: Date: Doctor:
Indication approved - Nuclear medicine: Tracer: Radioactivity: MBq Date: Doctor:
Appointment: Date Time