# PET-CT SCAN & CT SCAN REQUEST FORM 正電子及電腦掃描申請表

| (Please affix barcode label if available) |
|---|
| ID No. |
| Name |
| Sex / Age DOB |
| Hospital |
| Unit / Ward |
| Tel. |

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## PET-CT Examination ☐ Plain ☐ Contrast

| **Region:** | | **Tracer:** | | | |
|---|---|---|---|---|---|
| Whole Body PET-CT (Skull base to upper thighs) | ☐ | FDG | ☐ | | |
| Whole Body & Brain PET-CT | ☐ | Dual Tracer FDG / Acetate | ☐ | | |
| Brain PET-CT (FDG Only) | ☐ | Ga PSMA | ☐ | F18 PSMA | ☐ |
| | | Ga Dotatate | ☐ | Ga Dotatoc | ☐ |
| | | Others: | | | ☐ |

## CT Examination ☐ Plain ☐ Contrast

| **Head & Neck** | | **Body** | | **Cardiovascular** | |
|---|---|---|---|---|---|
| Brain | ☐ | Thorax | ☐ | Calcium Score (Coronary Arteries) | ☐ |
| Temporal Bone | ☐ | HRCT Thorax | ☐ | Coronary Angiogram | ☐ |
| Nasopharynx | ☐ | Abdomen | ☐ | CTA (Thoracic) | ☐ |
| Paranasal Sinus | ☐ | Pelvis | ☐ | CTA (Abdominal) | ☐ |
| CTA Neck Vessel | ☐ | Urogram | ☐ | Others: | |
| CTA Cerebral Vessel | ☐ | Others: | | | |
| Other: | | | | | |

## Clinical Information

| **Clinical History:** | History of adverse drug reaction<br>(If yes, please Specify) | ☐ Yes | ☐ No |
|---|---|---|---|
| | History of adverse reaction to contrast media | ☐ Yes | ☐ No |
| | Patient with known diabetic | ☐ Yes | ☐ No |
| | Patient on Metformin<br>(If yes, please specify) | ☐ Yes | ☐ No |
| | - Renal function eGFR < 60 mL / minute / $1.73m^2$ | ☐ Yes | ☐ No |
| | - History of liver disease | ☐ Yes | ☐ No |
| | - History of alcoholism | ☐ Yes | ☐ No |
| | - History of heart failure | ☐ Yes | ☐ No |
| **Diagnosis:** | History of Pulmonary TB | ☐ Yes | ☐ No |
| | Previous Surgery (If yes, please specify) | ☐ Yes | ☐ No |
| | LMP: | ☐ Yes | ☐ No |

## Referring Doctor's Information

| Doctor's Name (Block Letter): | | Signature: | Pager / Mobile: | Films & report delivery:<br>☐ Collect by patient<br>☐ Send to address (specify): |
|---|---|---|---|---|
| Hospital: | Department: | Date: | Tel: | |