

REGISTRATION FOR Ga-68-DOTATOC PET / CT

Patient's name _____ Email address _____
Date of Birth (D|M|Y) _____ Residential address _____

Name of the referring physician _____
Phone _____
Fax _____

Diagnosis

Please fill the form completely; the examination cannot be performed without full information!

Height _____ cm
Weight _____ kg

PREVIOUS THERAPY

Primary Tumor Surgery

No
Yes
Which
Date

Chemotherapy

No
Yes
Name
Date

Radiation

No
Yes
Region
Date

Somatostatin analogs

No
Yes
If ongoing, last application on

Diagnostic Contrast-enhanced Computed Tomography (CT)

Yes If current contrast-enhanced CT of the corresponding body regions is available, then a low-dose CT-based attenuation correction may be enough

CT

Where

When

MRI

Where

When

No If no current CT examination is available

TSH (not older than 4 weeks) _____

Creatinine (not older than 4 weeks) _____

Known contrast agent allergy

No

Yes

Other allergies

No

Yes

Which

All reports (histology, surgery report, doctors letters, tumor markers, etc.) must be available before the examination; CT / MRI images (on a CD) should be brought along by the patient!