

PET/CT IMAGING REQUEST FORM

EXAMINATIONS REQUIRED:

(Patients are advised to bring along relevant previous x-rays for reference)

CLASSIFICATION ☐ Outpatient ☐ Inpatient

SPECIAL TRANSPORT ☐ Wheel Chair ☐ Trolley

RADIOPHARMACEUTICALS

☐ FDG ☐ ¹⁸F - NaF ☐ ¹⁸F - Choline

☐ ⁶⁸Ga - PSMA ☐ ⁶⁸Ga - DotsNoc ☐ ¹¹C - Acetate

☐ Others: _____

REGION

☐ Head to Toe ☐ Head to Mid-Thigh ☐ Skull Base to Mid-Thigh

CONTRAST MEDIA

☐ Without Contrast Medium ☐ With Contrast Medium

Please select one option only. Additional request of DVD/USB will be chargeable.

☐ DVD + Report ☐ Fax Report ☐ USB + Report

☐ **Patient Portal (Complimentary)** ☐ Email Report

DELIVERY MODE

☐ **Physician Portal**

☐ Self Collection

☐ Despatch to Clinic

PAYMENT MODE

☐ Self Pay

☐ Bill Clinic

☐ Bill Guarantor (_____)

Female Patients: I am not pregnant*

(Female patients 12 - 55 years,
please indicate L.M.P.)

Signature

Date

L.M.P. (if applicable)

*Please be advised that foetal exposure to ionising radiation is not routinely recommended.

Name: _____

NRIC/PP No.: _____ DOB/Age: _____

Nationality: _____ Sex: ☐ M ☐ F Height: _____ Weight: _____

Address: _____

Tel: _____ Email: _____

APPOINTMENT DATE: _____ **TIME:** _____

CLINICAL FINDINGS

Doctor's Name and Signature: _____ Date: _____

Clinic Name & address: _____

Telephone: _____ Date of next appointment: _____

CHECKLIST FOR PET/CT. Check if patient is:

- ☐ Asthmatic (Yes/No) If yes (details): _____
- ☐ Kidney Function: Normal/Abnormal
(If Abnormal: ☐ Creatinine Value (last 30 days) _____
☐ Remarks: _____
- ☐ Diabetic (Yes/No)
If yes: ☐ On Metformin
☐ Others: _____
- ☐ Contrast/Drug Allergy (Yes/No)
If yes (details): _____

FOR OFFICE USE ONLY

Prescribed by: _____ Radiographer: _____
IV Contrast: **Y / N** Contrast Type: _____
Remarks: _____ Amount: _____
_____ Administered by: _____
_____ ☐ Previous films _____
_____ ☐ No Previous films

PREPARATION FOR PET SCAN (FDG) EXAMINATION:

- **Do not eat or drink** (except plain water) for **six (6) hours** before your appointment.
- **Do not smoke** on the day of your scan.
- **Bring along all your previous X-ray, Ultrasound, CT, MRI films or PET images/report and blood tests or biopsy reports, together with medication list.**
 - Please do not exercise or engage in any strenuous activity or massage 24 hours prior to scan.
 - There should be no change in your medication.

For Diabetic patients:

- **Do not take** oral diabetic medication or insulin injection **on the day of scan** (however, please bring along on the day of scan).
- You can expect to be at our centre for 2 to 4 hours (depends upon the scan requested).
- Please be punctual. If you need to reschedule, please inform us **48 hours** in advance.
- If there is a possibility that you might be pregnant or if you are **breastfeeding**, please notify our staff before your examination.



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IMAGING

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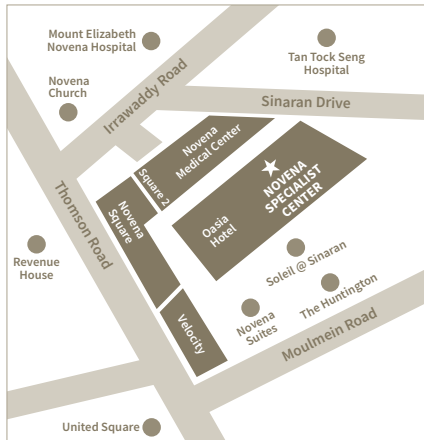
Lifescan Imaging with ML²ve @ Novena Specialist Center
8 Sinaran Drive, Novena Specialist Center #07-10/11 Singapore 307470
T. (65) 6570 2260 **WhatsApp Only.** (65) 92987489 **F.** (65) 6570 2261
E. petct@lifescan-mlve.sg

OPENING HOURS

MON - FRI: 8.30am - 5.30pm
SAT: 8.30am - 12.30pm
Closed on SUN & PH

Visit our website for more information: www.lifescanimaging.sg

DIRECTIONS TO NOVENA SPECIALIST CENTER:



By Bus:

Bus Services along Thomson Road:
5, 21, 54, 56, 57, 143, 162, 162M, 166, 167, 851, 980, NR1
Bus Services along Moulmein Road:
21, 124

By MRT:

Novena Station (NS20) Take Exit A to Novena Square 2. Locate and follow the underpass to Novena Specialist Center Oasia Hotel at B1. Take the escalator at the end of the underpass up to Oasia Hotel. Follow the side entrance at the Oasia Hotel, and take the elevator up to level 7.

By Car: Carparks are available in Novena Specialist Center