CRA
MEDICAL IMAGING

Medical Imaging Center
Crouse Medical Imaging Services-
Diagnostic Imaging Center

NUCLEAR MEDICINE/ PET SCAN PATIENTS

Are you taking any vitamins?
O NO
O YES_____

When is the last time you have eaten (includes candy/ gum)? _____

Have you ever had surgery?
O NO
O YES_____

Have you ever had a fracture (broken bone)?
O NO
O YES_____

Do you have asthma?
O NO
O YES

Have you had a Nuclear Medicine or PET exam before?
O NO
O YES (when and where)_____

Have you received the vaccine for COVID 19?
O NO
O YES →Date_____

Please circle:	1st Dose	2nd Dose
Please circle:	Left arm	Right Arm

_____ _____
Print Patient Name DOB

_____ _____
Signature Date