ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS), MANGALAGIRI.

DEPARTMENT OF NUCLEAR MEDICINE

PET-CT Requisition Form

1. Patient Name :
2. CR No :
3. Age/Sex :
4. Referring Department :
5. Brief History :

6. Clinical Diagnosis :
7. Biopsy Report :
8. Indication/Clinical Question :

9. Scan needed : FDG/DOTA/PSMA/Other
10. Priority : Urgent/Non-Urgent

11. Diabetes Mellitus : Yes/No
    If Yes, Medications Taking :
12. H/o Steroids, if any :
13. H/o DNS/25D/5D infusion :
14. Urinary Incontinence : Yes/No
15. Sedation required : Yes/No
    If Yes, Contact of Accompanying JR :
    (Even in Critically ill patients)
16. Recent Sr Creatinine with Date :

Sign of SR/JR _____

Signature of Referring Faculty _____

Name of Referring Faculty _____

***(Faculty Countersignature is Mandatory)**

Location:

Nuclear Medicine Department,
G- 058 , Ground Floor,
IPD Building.

ప్రదేశం:

న్యూక్లియర్ మెడిసిన్ విభాగం,
G -058, భూసమాంతర అంతస్తు,
ఐపిడి బిల్డింగ్.