SRS PET Exam Form

Approval: Ediberto Alvarez, MD 6/2026

PATIENT

NAME: _____ DOB: _____

MRN: _____

ALLERGIES: _____

HEIGHT: _____ WEIGHT: _____

LABS

BLOOD GLUCOSE (mg/dL @): _____ mg/dL @_____

PATIENT LAST ATE: _____@_____

RECENT LAB VALUES & DATES: _____

EXAM HISTORY

CLINICAL INDICATION FOR PET/CT: _____

_____

CURRENT COMPLAINTS/SYMPTOMS: _____

_____

PRIOR NUC.MED.SCANS? (WHEN, WHERE, LOCATION): _____

_____

OTHER PRIOR STUDIES (CT, MRI, ETC.): _____

_____

CANCER HISTORY (include path dx): _____

_____

DATE OF DIAGNOSIS: _____

DATES/TYPES OF SURGERY: _____

_____

DATES OF CHEMO: _____

DATES OF RT: _____

IF RT, ANATOMICAL SITE OF RT:_____

MEDICATIONS: _____

_____

HAS PT. RECEIVED NEULASTA OR NEUPOGEN INJECTIONS? YES / NO

WHEN?: _____

IS THE PATIENT ON CHECK POINT INHIBITORS LIKE KEYTRUDA: YES / NO

IF YES, DATE_____

IS THE PATIENT ON ANY IMMMUNE THERAPY BESIDES CHECK POINT INHIBITORS: YES / NO

IF YES, WHAT AND WHEN:_____

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IS THE PATIENT DIABETIC: YES / NO

IF YES, WHAT MEDICATION ARE THEY TAKING AND WHEN WAS THE LAST DOSE:

_____

DOES THE PATIENT HAVE HEMORRHOIDS: YES / NO

HAS PT. RECEIVED COVID-19 VACCINATION? YES / NO LT ARM / RT ARM

WHEN?: _____

OTHER HISTORY

ANY OTHER SURGERIES? _____

_____

OTHER MEDICAL HISTORY(HTN, DM, CAD, ect): _____

_____

SCAN INFORMATION

TIME OF SCAN AFTER INJECTION (in minutes): _____

TIME PT. DOSED: _____

ANY CHANGES IN ROUTINE ACQ/PROCESSING PROTOCOLS? (circle one) YES / NO:

DESCRIBE: _____

TECH: _____

DOSE INFO STICKER