



PET CT REQUISITION POSITRON EMISSION TOMOGRAPHY



Booking & Inquiries

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Appointment Details



Name: _____

Address: _____

Phone Res: _____ Other: _____

Date of Birth: mm/dd/yyyy Age: _____

File/Claim #: _____ Male Female Non-binary

PHN: _____ WCB (Y/N) Weight: _____ kg lb

Date: _____

Time: _____

PET CT exams are not all insured by Alberta Health Care
We accept PET CT requests from all authorized licensed practitioners

ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

Location Century Park 201-2377 111 ST NW Edmonton | **Important - please refer to reverse for instructions; exam may be cancelled with inadequate preparation.**

Clinical History / Clinical Questions to be Answered

Are you breastfeeding? Yes No

Any chance of pregnancy? Yes No

Date of L.M.P: _____ Patient's Signature: _____

PET Examination Type

- FDG (Oncology; Neurology; Infection/Inflammation; Cardiology; default if none selected)
- PSMA (prostate cancer)
- DOTATATE (neuroendocrine tumours; meningioma)
- RUBIDIUM Myocardial Perfusion Imaging (Ischemia evaluation, risk stratification) * Includes absolute flow quantification and myocardial flow reserve
- Other _____

Diagnostic CT

Acquire concurrent diagnostic enhanced CT with PET scan? Yes* No
(If No, a concurrent low dose unenhanced CT will still be acquired.)

* A contrast enhanced diagnostic CT requires serum creatinine within the past 90 days

	Yes	No	
Renal Insufficiency	<input type="radio"/>	<input type="radio"/>	
On Dialysis	<input type="radio"/>	<input type="radio"/>	run days: _____
Serum Creatinine (within 90 days)			_____
If no current GFR results available, please indicate date last ordered (mm/dd/yyyy) _____			
GFR (within 90 days)			Date (mm/dd/yyyy) _____

PET Region of Interest

- Skull Base to Mid-Thigh (Standard Whole Body; default if none selected)
- Vertex to Toes (Extended Whole Body)
- Head - Dedicated Brain
- Neck - Soft Tissue
- Spine (level) _____
- Cardiac - Heart
- Chest
- Abdomen
- Pelvis
- Extremity _____
- Other _____

Previous Treatment

Treatment	Yes	No	If Yes: Start Date (mm/dd/yyyy)	Completion Date
Radiotherapy	<input type="radio"/>	<input type="radio"/>	_____	_____
Chemotherapy	<input type="radio"/>	<input type="radio"/>	_____	_____
Marrow Stimulant Therapy	<input type="radio"/>	<input type="radio"/>	_____	_____
Surgery/Biopsy	<input type="radio"/>	<input type="radio"/>	Specify procedure _____	_____
Other, specify _____	<input type="radio"/>	<input type="radio"/>	_____	_____

Condition

Condition	Yes	No	If Yes:
Pediatric/Special Needs	<input type="radio"/>	<input type="radio"/>	Requires sedation <input type="radio"/> No <input type="radio"/> Oral <input type="radio"/> IV <input type="radio"/> Anesthesia
Diabetic	<input type="radio"/>	<input type="radio"/>	Specify: _____
Allergies (include any reaction to contrast media)	<input type="radio"/>	<input type="radio"/>	
Claustrophobia	<input type="radio"/>	<input type="radio"/>	Driver needed if patient given Ativan
Research Study	<input type="radio"/>	<input type="radio"/>	Study Name: _____ Study Number _____

Relevant Previous Imaging Studies

Modality _____ Location _____ Date (mm/dd/yyyy) _____
Modality _____ Location _____ Date (mm/dd/yyyy) _____

Payment by Patient

Send Invoice to (please specify name):

Insurance Company / Employer: _____
Contact: _____ Phone: _____ Fax: _____
Address: _____

Practitioner's Name: _____

Practitioner's Address: _____

Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature: _____

Official Diagnostic Imaging Provider for:

Physician's Stamp
& Practice ID





General Preparation Instructions for all exams:

- Bring your Health Insurance Card and another piece of identification with this form.
- If you are unable to keep your appointment, we ask that you call us 24 hours prior to your examination. We would be happy to re-schedule your appointment.
- Bring your medications or a detailed list with dosages included. Take your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.
- Consent will be required for pediatric patients (under 18 years) or for those with special needs.

Location

Century Park - 201-2377 111 ST NW

Located on the 2nd Floor, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area, as well as the LRT which stops at the Century Park station.

Please provide your license plate number when you check in.

Note that scheduling flexibility may be restricted by radiotracer availability depending on the examination.

Specific Exam Preparation Instructions

FDG PET Body & Brain

Avoid strenuous exercise such as jogging and weight lifting. Excessive muscle activity can interfere with the interpretation of your images.

- Follow a high protein / low carb diet. Limit the amount of bread, pasta, potatoes, cereals, rice, desserts, candy and sugar eaten.
- Patients taking diabetes medications should consult their diabetes care provider for medication review and possible adjustment while on clear fluid diet and/or during fasting.
- For a morning appointment do not eat after midnight on the day of the exam. This includes no chewing gum, hard candy, or beverages containing sugar.
- If your appointment time is in the **afternoon**, eat a light breakfast ending no later than 08:00 am.
- Drink as much water as you like. No other beverages.
- Do not eat anything for minimum 6 hours before the exam.
- Do not take over the counter medications that contain sugar, such as cough syrup.
- Do not use medical or recreational cannabis for 72 hour prior to appointment time. No opiates and other derivatives for 6 hours prior to appointment time. No valium and benzodiazepines for 6 hours prior to appointment time.
- The entire appointment may take about 2-3 hours.

PET CT for the HEART

- Cardiac examinations are covered under Alberta Health Care Insurance Plan (AHCIP) for patients that have valid insurance.

RUBIDIUM PET Cardiac Perfusion

- Patient attire: loose clothing; no metal.
- **NO caffeine for 24 hours** (includes food and drinks such as coffee (even decaffeinated), tea, caffeinated sodas, energy drinks, chocolate, as well as other coffee/chocolate-flavoured foods such as candies, bars, pudding and ice cream; daytime/non-drowsy formulations of medications such as Tylenol 3, cough/cold/decongestant, and allergy medications also frequently contain caffeine (check package label)).
- **Do not** eat and **do not** drink for 4 hours prior to exam.

FDG PET Cardiac Viability and Metabolism

- **Do not** eat and **do not** drink for 8 hours prior to exam.
- Only available for non-diabetic patients in the clinic.
- You may take your prescribed medication(s) as directed by your doctor before the procedure with sip(s) of water.
- The entire appointment may take 2-3 hours.

FDG PET Cardiac Sarcoidosis

- Diet instructions will be provided by the Nuclear Medicine department.
- No intense exercise for 36 hours prior to the appointment time (e.g. jogging, strength training, aerobics etc.).
- 12 hours prior to exam: Complete fast - **no** gum, **no** cough drops or syrup, **no** caffeinated drinks, **no** flavored or fruit infused water.
- Plain water can be consumed during the 12 hour fast.

DOTATATE PET Body & Brain

- All short acting somatostatin analogs (SSAs; e.g. octreotide) should be discontinued for 12 hours prior to the examination.
- If on long-acting somatostatin analogs (e.g. octreotide long-acting release, lanreotide), PET imaging should be scheduled just prior to dosing with long-acting somatostatin analogs (interval of at least 3-4 weeks after administration).

PSMA PET Body

- Nothing to eat or drink except water for minimum 4 hours prior to exam.

Partnered with



For more information on PET CT examinations offered at MIC Medical Imaging, patients and physicians are encouraged to visit mic.ca