

PET/CT INSTRUCTIONS for ONCOLOGY

1. Please completely fill out the attached PET/CT Scan for Tumor Localization form and fax back to RWJUHH as soon as possible. We must receive this form back completed or the appointment will not be confirmed. Please give a copy of these instructions to the patient. **For repeat patients who have had a prior PET/CT, please use the INTERIM HISTORY SHEET to simplify the process.**
2. Please fax all pertinent information from the patient's medical records (most recent H&P, office notes, **surgical/pathology/histology** reports) along with copies of the patients insurance card.
3. Instruct patient to bring in a copy of the most recent MRI and CT films on the day of their appointment (if not performed at RWJUHH).
4. Have your patient report to Outpatient Registration 30 minutes prior to their appointment time.

If there is a problem or question, please contact us at:

**Robert Wood Johnson University Hospital at Hamilton
Nuclear Medicine Lab**

Questions: 609-584-6612

Fax: 609-584-5817

Coordinator: 609-584-6509

www.rwjhamilton-petct.org



PATIENT PREPARATION:

- **Nothing by mouth (NPO) for 6 hours prior to your appointment time**
- **The patient may drink water and take any necessary medication with water**
- **Limit carbohydrate intake during last meal**
- **Refrain from exercise for 24-48 hours prior to test**
- **Be sure to report to Outpatient Registration 30 minutes prior to your appointment time and bring all pertinent outside films with you (MRI, CT)**
- **Please inform Nuclear Lab if patient is claustrophobic**
- **Although scan time is typically 30 minutes, expect to spend approximately 2 hours at our facility for your PET/CT scan**

For RWJUHH Use:

CONTACT PERSON: _____

FAX #: _____

DATE FAXED: _____

DATE RECEIVED: _____