



MRN: _____

COMPREHENSIVE CANCER CENTERS

Preparation for Diagnostic Imaging Studies

PET: *(Except NETSPOT and Axumin PET: Instructions will be given at the time of scheduling)*

- **Nothing to eat or drink except water 6 hours prior to the scan.**
No gum, candy, cough syrup, cough drops, or chewing tobacco. **No sugars.**
- **No insulin or diabetic medication 4 hours** prior to scan but you may take other medication as usual with water. Glucose levels will need to be less than 200 mg/dL. *(This will be checked prior to scan).*
- Other instructions may be tailored to your individual need by the scheduler.
- Drink 48 oz of water the day prior to the scan and a comfortable amount the day of the scan.
- Avoid strenuous exercise the day prior to the scan and the day of the scan.
- Claustrophobic patients should inform the scheduler. The scanner design is similar to a CT scanner. Special instruction will be given.
- No breast feeding 24 hours after the injection.

CT:

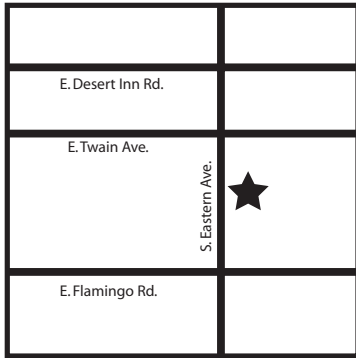
CT exams are performed with or without contrast. The scheduler will give you the specific instructions. The CT exam frequently uses both the IV and oral contrast depending on the exam ordered.

- **CT with no contrast-** No exam preparation
- **CT with IV contrast**
 1. No food or drink 4 hours prior to exam.
 2. Do not take the following diabetic medication the day of the test: Glucophage, Metformin, Glucovance or Avandamet.
- **CT with oral contrast (Barium)**
 1. No food or drink 4 hours prior to exam.
 2. Drink Barium 2 hours prior to exam; drink all barium within 30 minutes.

It is our responsibility to notify you of other providers that can perform diagnostic imaging services including Desert Radiologists, Steinberg Diagnostic Medical Imaging Centers, Red Rock Radiology and Diagnostic Imaging of Southern Nevada. Please review your insurance benefits for a list of preferred providers. For a list of Comprehensive Cancer Centers of Nevada offices that provide these services, please see reverse.

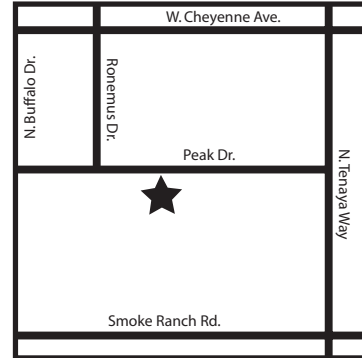
Print Name _____ Date _____

Signature _____



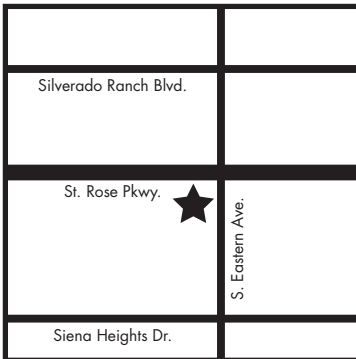
CT Scans
PET/CT Scans
Nuclear Medicine

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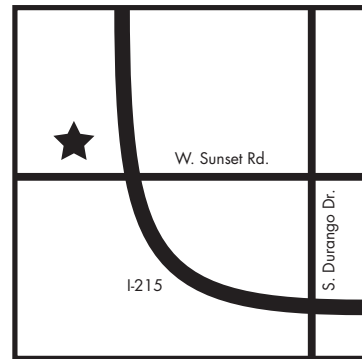
PET/CT Scans

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CT Scans

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CT Scans

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