

**PATIENT INFORMATION** (please print)

Last Name:	First Name:	M.I.:
Phone:	Email:	
Mailing Address:		
City:	State:	Zip:
Date of Birth:	Age:	Marital Status:
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Weight: lbs.	Height: ft. in.
If female: Are you pregnant, nursing, or is there a chance you may be pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Racial/ethnic group you identify with:		

**RESPONSIBLE PARTY** (if patient is a dependent)

Name:	Phone Number:
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**EMERGENCY CONTACT** (spouse, friend or relative who can be reached in case of emergency)

Full Name:	Relationship to Patient:
Address:	Phone:

**INSURANCE INFORMATION**

Insurance Carrier:	Policy Number:
Phone Number of Insurance Carrier:	
Name of Primary Insured:	DOB of Primary Insured:
Address of Primary Insured (if different):	

**PATIENT CLINICAL INFORMATION**

Primary reason(s) for scan:

**ALLERGIES AND ADVERSE REACTIONS TO MEDICATIONS**

Allergen	Type of Adverse Reaction/Symptoms



Phone: (866) 722-4806  
 Fax: (866) 433-3965  
 Email: [pcc@cerescan.com](mailto:pcc@cerescan.com)  
[www.CereScan.com](http://www.CereScan.com)

**CURRENT MEDICATIONS AND/OR SUPPLEMENTS** *Please try to use the correct spelling. If you are unsure, write "?"*

Medication/Supplement Name	Dose	Schedule	Date Started

**PRIVACY & SECURITY**

The Privacy Rule generally requires healthcare providers to take responsible steps to limit the use or disclosure of and request for protected health information (PHI) to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. NOTE: Uses and disclosures for the Privacy Officer may be permitted without prior consent in an emergency.

With Whom May We Share Your PHI? (Full Name)	Relationship to Patient

*\*If you are working with an attorney and would like us to disclose your results to them, please list their name above.*

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their PHI. The individual is also provided the right to request confidential communication or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

**I wish to be contacted in the following manner** (if different from above):

Phone: \_\_\_\_\_  Email: \_\_\_\_\_

I hereby authorize CereScan to release to my Referring Physician a copy of my medical records. I understand and agree that all images and medical records generated for and on my behalf will become part of CereScan's expanding proprietary database for ongoing scientific research into neurological and neurobehavioral disorders. I hereby authorize CereScan to use and replicate all medical information contained in the images and reports for proprietary research, training, teaching or other purposes deemed appropriate by CereScan. In order to protect my identity, I understand that all identifying information will be removed from all images and reports prior to its use.

Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_



Phone: (866) 722-4806  
Fax: (866) 433-3965  
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[www.CereScan.com](http://www.CereScan.com)

### CANCELLATION/MISSED APPOINTMENT FEE AGREEMENT

This Cancellation/Missed Appointment Fee Agreement ("Agreement") is made and entered into by and between CereHealth Corp. ("CereScan"), whose address is 991 Southpark Drive, Suite 200, Littleton, CO 80120, and \_\_\_\_\_ ("Responsible Party"), whose address is \_\_\_\_\_.

Responsible Party understands that he/she has scheduled an appointment with CereScan to obtain certain medical services. Responsible Party understands that CereScan will be required to make certain arrangements and purchase certain medical goods to prepare for his/her appointment, in advance of the visit. Responsible Party further understands that if he/she cancels or misses his/her appointment(s) or fails to comply with the stated imaging protocol, CereScan may incur costs that cannot be recovered.

In consideration of the medical imaging services to be performed by CereScan, Responsible Party agrees to pay two hundred and fifty (\$250.00) dollars ("Missed Appointment Fee") to CereScan if he/she cancels or misses any of the appointments or fails to comply with the stated imaging protocol, for any reason or no reason. **Responsible Party understands that he/she may cancel or reschedule appointment(s) by calling (720) 925-5071 at least forty-eight (48) hours before his/her schedule appointment(s), without being charged the Missed Appointment Fee.**

By signing this Agreement, Responsible Party understands the full amount of the Missed Appointment Fee that may be owed to CereScan, and accepts the terms and conditions of this Agreement. In the event that there are any problems with payment of the Missed Appointment Fee, Responsible Party understands that he/she may be subject to any fees incurred in collecting the account balance including, but not limited to, collection costs and legal fees.

Credit Card  Visa MC Discover \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVC Code \_\_\_\_\_

Billing Street Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

## PET/CT PATIENT INSTRUCTIONS

### 24 hours prior to your scan:

- **DO NOT EXERCISE**
- Eat a high protein – low carb diet the day prior to your scan.

### 12 hours prior to your scan:

- **DO NOT HAVE ANY CAFFEINE:**
  - Including but not limited to, coffee, decaf coffee tea, green tea, iced tea, chocolate, most soda pops, sports drinks, energy drinks, etc.
  - Over the counter medications that include caffeine: Brand names include, but are not limited to, Excedrin, Midol, Anacin, No Doze, Vivarin, and Bayer Headache Relief
- **DO NOT HAVE NICOTINE**
- **DO NOT HAVE ALCOHOL**

### 4 hours prior to your scan:

- **DO NOT HAVE ANYTHING TO EAT:** This includes any candy, sugar, or gum.
- Only plain water is allowed during this time period, no flavored water.

### IF YOU ARE DIABETIC, PLEASE NOTIFY THE CLINIC IF YOU HAVE NOT ALREADY DONE SO.

- **Not Insulin Dependent Diabetic: follow the instructions above**
- **Insulin Dependent Diabetic: *Eat a high protein meal 4 hours before the scan AND take your insulin!***

The key to a successful scan is to remain motionless while the camera is imaging your brain/body.

- You will need to **remain motionless** for approximately 30 minutes during this time.
- Your scan appointments will take approximately 2 hours.

**\*Parents:** If you are concerned about your child's ability to remain still: *PLEASE* contact your Patient Care Coordinator to discuss strategies that may be helpful.

### HOW TO DRESS

- Dress comfortably so that you are relaxed.
- Dress warmly as our imaging room may be chilly. Wear a well-fitted top such as a t-shirt and sweater or other warm layer.
- Please refrain from wearing pants with zippers or metal snaps.
- Prior to the scans, please remove any barrettes and jewelry or piercings above the neck.
- Please do not chew any gum during your appointment.

If you are **ALLERGIC to PLASTIC** please call us immediately.

Relax! The staff at our clinic is friendly and professional, and will gladly answer any additional questions you may have when you arrive at CereScan.

## FREQUENTLY ASKED QUESTIONS

### How do PET/CT radiation doses compare with doses from other examinations?

One risk of this test is radiation exposure. Exposure is minimal for the PET scan portion of the test because the radioactive substance only remains in your body for a short time. There is more radiation exposure associated with the CT scan. Usually, the potential benefits of the test outweigh these risks. If a patient is receiving multiple CT scans and x-rays. However, they should talk with their doctor about whether another type of test involving less exposure to radiation can be done.

**Do repeat radiological procedures on the same patient increase the radiation risk?** Yes. Radiation effects are known to be cumulative in nature. However, the repair mechanisms in the body are quite active and spacing the procedures with suitable time intervals helps reduce radiation effects, as is done in radiotherapy. At the moment there is no formal mechanism to record and track cumulative radiation exposure to a patient, as is done for staff. Patients are advised in their own interest to let all physicians and medical imaging staff know about their previous radiological examinations.

### Does diabetes have any additional radiation risk issues in PET/CT scanning?

No. Although a small amount of radioactive substance is injected for the PET/CT examination, this will not affect the diabetes. **It is important, however, that the PET imaging team is aware that the patient has diabetes, to ensure that the best results can be achieved from the scan and unnecessary radiation dose is avoided.**

### Do children undergoing a PET/CT scan have higher radiation risks?

Yes. Children are more sensitive to radiation than adults. All radiation carries a risk. If the procedure is justified and expected to give significant benefit to the patient, the benefit of having the imaging may outweigh the risk. The parent or guardian should always consult with the child's doctor.

### Will I feel pain when the radiopharmaceutical is injected?

You will only feel a small pinch from the needle as it is placed into your vein.

### Can a child, family member or friend accompany a patient to the PET/CT center?

It is advisable **not** to bring children along to the PET/CT center. People who are not patients are unable to wait in the injection rooms or scan room. Please make arrangements for childcare. We cannot be responsible for children left unattended. Family/friends are welcome to remain in the waiting area or come back when the patient's PET/CT scan is completed.

### **Can a patient breastfeed after a scan?**

Some of the administered 18F-FDG might be excreted in small amounts in breast milk. Normally, the scan should be delayed until breast feeding has stopped. But if the scan is needed urgently, it is advisable to collect milk before the PET/CT scan, so it can be used to provide a feed after the scan. Furthermore, milk should be collected and discarded for 2 hours after the scan. Normal breastfeeding can resume after that.

### **After a PET scan, how long does a patient need to wait before using public transportation without setting off radiation detectors?**

There is no danger to other travelers on public transportation following a PET scan with due attention to pregnant women and children. However, in some countries, radiation detectors in public areas and specific locations such as airports can be inadvertently activated by even small amounts of radiation. Radiation detectors are now more sensitive than ever before. Nonetheless, the isotopes used for PET imaging decay so rapidly that after only 24 hours there is no danger of activating a radiation detector. However, it may be a good idea for the patient to obtain a document from Cerescan stating that they have undergone a PET/CT scan, in case they are questioned.

### **Does a patient need to restrict his or her activities after a PET/CT scan?**

No. Although the scan involves injection of a radioactive substance, which will lead to radiation exposure of persons in his/her vicinity, the amount of radiation coming from the patient following the scan is low. The patient can carry out all routine activities without any risk to others, with the consideration of limiting contact with pregnant women and children.

### **Can I move during the scan?**

No, you cannot move during the scan. Your head and body must remain motionless (blinking eyes and swallowing are okay) for approximately 30 minutes or the scan may be compromised and unreadable by our physicians. The camera table has a soft cushion and most patients find it quite comfortable.

## SPECIAL INSTRUCTIONS FOR FOR PET/CT BRAIN SCANS

A Brain PET/CT scan produces images that show metabolic uptake. Certain medications that are classified as a **stimulant or benzodiazepine** can artificially alter metabolic uptake.

To protect the integrity of the scan, and to generate the most accurate results for you and your doctor, *consider* refraining from stimulant medications and benzodiazepines.

Please note these are recommendations to discuss with your doctor prior to your scheduled scan(s). Discontinuing or reducing medication always requires physician supervision. If refraining from your medications will induce withdrawal effects, seizures, severe discomfort or pain, please remain on them.

See the chart below for general medications (and their generic form) under each category. Note this is not an exhaustive list. Should you have any questions about medications and your PET/CT scan(s), please contact one of our clinicians.

### Stimulants: Talk to your doctor about refraining for 48 hours before scan

Adderall	Dexmethylphenidate	Lucidex	Phentride
Adipex-P	Dextroamphetamine	Melfiat	Prelu-2
Adipost	Dextrostat	Meridia	ProCentra
Adzenys	Didrex	Metadate	Provigil
Amphetamine	Diethylpropion	Methamphetamine	QuilliChew
Aptensio	Dopram	Methylin	Quillivant
Armodafinil	Doxapram	Methylphenidate	Ritalin
Atomoxetine	Dyanavel	Modafinil	Sibutramine
Atti-Plex	Evekeo	Mydayis	Stay Awake
Benzphetamine	Fastin	NoDoz	Strattera
Biphphetamine	Focalin	Nuvigil	Suprenza
Bontril	Guanfacine	Obezine	T-Diet
Cafcit	Intuniv	Oby-Cap	Tenuate
Concerta	Levoamphetamine	Pemoline	Tenuate Dospan
Cylert	Liquadd	Phendiet	Tepanil
Daytrana	Lisdexamfetamine	Phendimetrazine	Vivarin
Desoxyn	Dimesylate	Phentercot	Vyvanse
Dexedrine	Lonamin	Phentermine	Zantryl

### Benzodiazepines Talk to your doctor about refraining for 24 hours before scan

Zetran	Klonopin Wafer	Ativan
Prosom	Xanax	Restoril
Alprazolam Intensol	Serax	Tranxene SD
Doral	Dalmane	Tranxene T-Tab
Niravam	Klonopin	Versed
Diazepam Intensol	Valium	Onfi
Librium	Halcion	Diastat AcuDial
Tranxene	Diastat	Diastat Pediatric
Xanax XR	Lorazepam Intensol	