ROCKLEDGE MRI & PET CENTER

1910 ROCKLEDGE BLVD, STE # 102, ROCKLEDGE, FL 32955 PHONE: (321) 636-6599 FAX: (321)636-6614

PET SCAN PATIENT INSTRUCTIONS

DUE TO THE EXPENSIVE AND INDIVIDUAL NATURE OF THE TRACER USED, CANCELLATIONS MUST BE MADE BY 4:00 PM THE DAY BEFORE THE EXAM OR A FEE OF \$400.00 WILL BE CHARGED TO YOU.

**IF WE CAN NOT GET IN TOUCH WITH YOU AND SPEAK TO YOU VERBALLY TO CONFIRM YOUR APPOINTMENT, YOUR APPOINTMENT WILL BE CANCELED!!

PREPARING FOR THE PET/CT SCAN:

PLEASE PROVIDE ALL PRIOR IMAGES AND REPORTS FROM ALL PRIOR IMAGING RELATED TO THIS DIAGNOSIS (THIS IS VERY IMPORTANT FOR ANY COMPARISONS TO BE DONE.) IF THESE ARE NOT RECEIVED PRIOR TO IMAGING WE MAY NOT BE ABLE TO PROCEED WITH IMAGING.

EXPECT TO SPEND APPROXIMATELY **TWO HOURS** AT THE CLINIC PLEASE BRING YOUR INSURANCE CARDS AND A VALID PHOTO ID TO YOUR APPT **24 HOURS** PRIOR TO YOUR SCHEDULED APPT FOLLOW THE INSTRUCTIONS LISTED BELOW FOR A HIGH PROTEIN/NO CARBOHYDRATES DIET: **THIS IS PERTINENT AS CARBS, SUGARS, CAFFEINE AND NICOTINE COULD PROVIDE INACCURATE RESULTS.**

STARTING 24 HOURS PRIOR TO YOUR PET/CT SCAN THESE ARE THE ALLOWABLE FOODS:

MAIN COURSE BEEF	VEGETABLES BROCCOLI	DESSERT PEANUT BUTTER	DRINKS WATER
FISH	ASPARAGUS	HARD CHEESES	DIET SODA
CHICKEN	CAULIFLOWER	COTTAGE CHEESE	
EGGS/BACON	ZUCCHINI	NUTS	
PORK	SPINACH		
TOFU	MUSHROOMS		

FOODS NOT ALLOWED:

NO CEREALS

NO PASTA

NO DRY BEANS

NO FRUIT OR FRUIT JUICES

TUNA

NO SUGAR, HONEY, DESERTS, OR CANDY

NO STARCHY VEGETABLES, SUCH AS PEAS, CARROTS, CORN, POTATOES

PEPPERS GREEN BEANS

NO ALCOHOL

NO NUTRITIONAL SHAKES OR SMOOTHIES

NO BREADS

NO RICE

NO GRAVIES

NO JAMS OR JELLIES

NO MILK OR YOGURT NO COFFEE NO TEA (NOTHING WITH CAFFEINE)

NO MINTS OR GUM

NO SMOKING!!!!!

24 HOURS BEFORE THE EXAM:

DRINK 32-64 OUNCES OF WATER (THROUGHOUT THE DAY) DO NOT DO ANY STRENUOUS ACTIVITY OR DEEP-TISSUE MASSAGE

8 HOURS BEFORE YOUR APPOINTMENT DO NOT EAT ANYTHING, (MUST BE FASTING) DRINK ONLY WATER **CONTINUE TO TAKE MEDICATIONS AS PRESCRIBED**

IF YOU ARE DIABETIC, PLEASE CONSULT YOUR DOCTOR FOR QUESTIONS REGARDING DIET AND MEDICATION. CAREFULLY, MONITOR AND CONTROL YOUR BLOOD SUGAR THE 48 HOURS BEFORE THE SCAN. IF YOUR BLOOD SUGAR IS TOO HIGH AT THE TIME OF YOU APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE*

DURING YOUR STUDY

UPON ARRIVAL THE TECHNOLOGIST WILL EXPLAIN YOUR PROCEDURE AND ASK ANY QUESTIONS THAT YOU MAY HAVE.

YOU WILL RECEIVE AN INTRAVENOUS INJECTION (IN YOUR VEIN) OF A TRACER DOSE OF RADIOACTIVE MATERIAL. THERE ARE NO SIDE EFFECTS OR SYMPTOMS, AND IT IS NOT CONTRAST. THE LEVEL OF RADIOACTIVITY IS EXTREMELY LOW.

USING A SPECIAL NUCLEAR MEDICINE SCANNER, PICTURES OF YOUR BODY WILL BE OBTAINED. THE SCANNER DOES NOT PRODUCE ANY RADIATION. (IT SIMPLY DETECTS AND RECORDS THE DISTRIBUTION OF THE RADIOACTIVE MATERIAL IN YOUR BODY.

YOU MUST WEAR LOOSE FITTING, COMFORTABLE CLOTHING. MUST CONTAIN NO ZIPPERS, OR METAL BUTTONS. NO JEWELRY, HAIR PINS, NO UNDERGARMENTS THAT CONTAIN HOOKS OR ANY METAL OF ANY SORT. (THE IDEAL OUTFIT WOULD BE SOMETHING WARM SUCH AS SWEATPANTS, OR ANY OTHER ELASTIC PANTS. PULLOVER SHIRT, SWEATSHIRT, SOCKS, AND SPORTS BRA.

DATE

AFTER YOUR EXAM:			
THERE ARE NO POST-EXAM IN	NSTRUCTIONS, OTHER	THAN TO DRINK L	OTS OF FLUID (IT
DOES NOT HAVE TO BE WATER)			
YOUR STUDY WILL BE REVIEWED F	BY A RADIOLOGIST AND TH	IE RESULTS WILL BE S	ENT TO YOUR
ORDERING PHYSICIAN TYPICALLY,	WITHIN 24-48 HOURS AFTE	R YOUR EXAM. YOUR	PHYSICIAN WILL
DISCUSS THESE RESULTS WITH YOU	U AND EXPLAIN WHAT THE	Y MEAN IN RELATION	TO YOUR HEALTH.
SIGNATURE	•	PRINT	