Hudson Valley Cancer Center

HOPE BEGINS HERE

INFORMED CONSENT: (CT Scan or PET/CT Scan)

I, _____, understand that I am to undergo a radiological procedure. Before giving my consent to the procedure by signing this form, I agree that I have been sufficiently informed by Hudson Valley Hematology-Oncology Associates of the purpose of this study and that I have had all my questions pertinent to this study answered. Copies of this procedure can be obtained in both paper and CD form. CD can be obtain day of exam. Copy of report after physician has disseminated the information.

I have read the above information and understand the importance of this test, and agree to proceed.

_____ _____

Patient Signature **Witness**

_____

Date and Time

Patient Information

Diagnosis: _____ **Date of Diagnosis:** _____

Are you Claustrophobic **Y** **N**

Is there any possibility you may be Pregnant **Y** **N**

Date of Last Menstrual Cycle: _____

Height: _____ **Weight:** _____ **Referring MD:** _____

*******FOR OFFICE USE ONLY*******

GLUCOSE LEVEL: _____ **GLUCOSE RETEST/TIME:** _____