



PET/CT IMAGING

O F B E R K E L E Y

2855 Telegraph Ave., Suite 100, Berkeley, CA 94705

AMERICAN COLLEGE OF RADIOLOGY ACCREDITED PET AND CT FACILITY

Returning Patient Questionnaire

Name: _____

Date: _____ Age: _____ Weight: _____

What was the time of your last meal? _____ AM / PM (circle one)

What was the time of your last beverage? _____ AM / PM (circle one)

Date and type of MOST RECENT surgeries: _____

Date/s of MOST RECENT radiation therapy: _____

Date/s of MOST RECENT chemotherapy: _____

Have you had a recent PET/CT or CT study done at another facility? If so, please provide name of facility, date, type of scan, and results: _____
