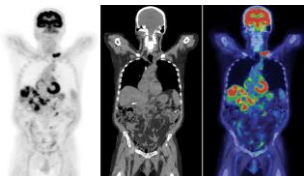


Before the examination of SCANNER, please answer carefully to the following questions :

Surname : Name : Date of birth : / / Weight :Kg Height :

Have you any problem of **allergy** ? YES NO

Have you a particular reaction during a radiologic examination ? YES NO



Did you spend a **scintigraphy or Petscan** There less than 72 hours ? YES NO



Have you recently an examination of the stomach, intestine or colon ? YES NO

Have you had surgery for thyroid ? YES NO



Gentleman, Have you a **prostate adenoma** ? YES NO



Have you a treatment in progress (**Blocking beta, thyroid, inflammatory, glaucoma**) ? YES NO

Are you **diabetic** ? YES NO

If yes, do you take a treatment using biguanids (Glucophage, Stagid, Metformine, or a générique...) YES NO



Ladies, Are you pregnant or likely to be ? YES NO

Are you breast-feeding ? YES NO

Informations that seems **significant** to be communicated and **serous illness** (**Hepatitis C, HIV, cancer**) or **previous surgical intervention** :

.....
.....
.....



Have you a pacemaker or an implanted automatic defibrillator ? YES NO

Have you a **Heart, lung or renal disease** ? YES NO



Have you a **kidney failure or a myeloma** ? YES NO

I declare to have been informed of various details and risks related to the examination. I give my consent for my personal data to be archived and transmitted to the medical profession (medical specialist, CPR, attending physician...)

Done in Grasse, on / / Signature :