

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** (asthma, iodine) ? YES  NO

Had you a particular reaction during a radiologie examination ? YES  NO



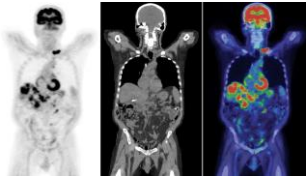
Ladies,

Are you pregnant or likely to be ?

YES  NO

Are you breastfeeding ?

YES  NO



Did you spend a **scintigraphy or Petscan**

There less than 72 hours ? YES  NO

Have you contracted covid 19 ? YES  NO

If yes, on what date your test was positive ? .....



Have you a treatment in progress (**Blocking beta, thyroid, anti-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

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



Gentleman,

Have you a **prostate adenoma** ? 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, attendind physician...)

Done in Grasse, on / /

Signature :

