32615 US Hwy 19 N Suite #4 Palm Harbor FL 34652

Date:

Patient Name:

DOB:

MRN#

CT Safety Questionnaire and History

Safety Question (for women only):

☐ Yes ☐ No Any chance you are pregnant?

History:

☐ Yes ☐ No Do you have a history of cancer? If yes, what type? _____

Instructions for Patient, Parent or Guardian:

We will provide a locker or changing room so all items you remove may be stored and locked safely during your scan. You may bring the key in the scan room with you.

1. Remove any jewelry, body piercings, or hair accessories in the area of the examination.
2. Remove dentures, partial dental plates, retainers (for brain, head or neck examinations).
3. Remove hearing aids and eye glasses (for brain, head, neck examinations).
4. Lock your clothes and valuables in the locker or room provided and remove the key.

I attest the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Patient/Parent/Guardian/Other Signature: _____ Date: _____