

PET CT Instructions

NO caffeine for 18-24 hours or this test may have to be rescheduled

Please be prepared to review your daily medication list, allergy list, and brief health history. It will be important to notify the staff of the following things:

- If you are pregnant or think you may be pregnant
- Have difficulty lying down
- Asthma, COPD/Emphysema or heart rhythm disturbances

Instructions for Test:

- No Food 4 hours prior to study. You may have water.
- Please hold any medication containing Theophylline :
Aminophylline, Persantine, Pentoxifylline, Aggrenox,
Dypridomole for 48 hours prior to testing

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Caffeine is in the following items:

- Coffee, including decaf
- Tea/Iced tea, including decaf
- Soda
- Anacin and Excedrin migraine headache medication
- Chocolate in any form (granola bars, cookies, ensure, ice-cream & etc.)
- Energy Drinks

What to Expect:

When you arrive at the center, you will be injected with a very small amount of radioactive tracer to allow the scanner to "see" inside your body. The tracer has no side effects and will be quickly eliminated from your system. During the scan you will lie still on a comfortable table that moves. You will not feel anything because the scanner does not touch your body. You should allow 2 hours for the procedure. The scan time will take approximately 20 minutes or less. When the scan is complete you may leave, and you may eat and drink immediately if you wish. The images will be reviewed and dictated by our doctors. Results will be available within 5-7 business days.

Risks

Although the risk of injury during a stress test is rare, there is some risk associated with this type of test. Heart attacks and heart rhythm disturbances and their complications, including death can occur during any test on the heart. Your vital signs and EKG will be monitored during the test. You may request to stop the test at any time by asking the provider present to do so. It is believed that the chances of having a problem with your heart are greater without the information gained from this test than the risk of injury from the test itself.

As a courtesy, we will contact your insurance for the authorization/certification of your appointment/testing. We recommend that you call your insurance to verify what portion of your deductible has been met and any out of pocket expenses you have paid. This will enable you to know the amount, if any, you are responsible for at the time of service. If you request or your insurance requires you to have testing at another facility, we would be happy to help arrange this test at your preferred providers location.

Date of test: _____

Time of test: _____

It is important that you arrive in a timely fashion and prepared for your test. Tardiness may result in rescheduling so that other patients are not inconvenienced.

Location of test:

3841 Piper St. Suite TLL-10, Anchorage AK LOWER LEVEL NEAR ELEVATORS