

PET/CT ACKNOWLEDGEMENT
AND CONSENT FOR IV
INJECTION- FDG ONLY

Radiopharmaceutical- My physician has referred me for a procedure requiring the injection of a radioactive material. Before giving my consent by signing this form, I have been sufficiently informed of the purpose of this procedure, of the radiation exposure that I will receive, and of the methods, the means and the duration of the injection of the material.

I have read and understand the above information, and have had my questions answered. I agree to have the PET/CT procedure with injection of a radiopharmaceutical.

Signature of Patient

(Parent or Guardian if patient is a minor or incapacitated)

Date

Place patient label here or enter

Patient name:

DOB _____