



PREP FOR P.E.T. SCAN

Your appointment is scheduled for: _____ **Date:** _____

NPO (**nothing to eat or drink**) 6 hours prior to the appointment.

Water is okay but **NO other liquids allowed including coffee or tea.**

NO gum, candy, cough drops, throat lozenges, etc.

It is preferable that the last meal eaten before the procedure be low-carb.

Regular medications are okay as long as they can be tolerated on an empty stomach. **NO** cough syrup or other liquid medication.

Patients who are on oral medications to control diabetes should stop taking these 6 hours prior to their appointment.

Insulin-dependent diabetic patients may have their last injection four (4) hours prior to their appointment but must remain NPO (**nothing to eat or drink**).

NO strenuous exercise, including rehab, 24 hours prior to the procedure.

Oral contrast is to be drank one hour prior to appointment time.

EXCEPTION: patients with Head and Neck cancer who are **NOT** also having a CT of the abdomen and/or pelvis.

If you have any questions please do not hesitate to call the appropriate office.

If you need to reschedule, notification must be given twenty-four (24) hours in advance. Failure to give notice could result in a charge of \$600.00 to cover the cost of the P.E.T. test contrast material.