

Front Range Mobile Imaging

418 East College Drive
Cheyenne, WY 82007
307/638-6648 (Phone) 307/637-43105 (fax)

Name: _____ Date of Birth: _____

M _____ F _____ Height: _____ Weight: _____ Referring Physician: _____
(400 lb capacity)

Please answer the following questions to the best of your ability as we need a medical history before we can perform your exam.

- 1. Are you diabetic? Yes No
- 2. If diabetic, do you take insulin or oral medications to control BGL? Yes No
- 3. Is there any possibility you are pregnant? Yes No
Are you nursing? Yes No

*You will not be able to nurse for a minimum of 48 hrs post exam.
Please consult your physician if you answered yes to any of the above questions.*

- 4. Have you had any recent imaging studies? (Ex. CT, MRI, PET/CT) Yes No

What? _____ Where? _____ When? _____

What? _____ Where? _____ When? _____

What? _____ Where? _____ When? _____

- 5. Do you have a history of skin cancer (melanoma)? Yes No

- 6. Do you have a history of any other cancer? Yes No
Specify what type/types & when diagnosed. _____

- 7. Have you had any recent (within the last 6 weeks) surgeries or biopsies? Yes No
Where on body? _____ When? _____

- 8. Have you had chemotherapy? Yes No
Where? _____ When? _____

- 9. Have you had radiation therapy? Yes No
Where? _____ Where on body? _____ When? _____

- 10. Follow up with physicians regarding the results of this exam if known.
Who? _____ Fax#? _____ Date? _____ Time? _____
Who? _____ Fax#? _____ Date? _____ Time? _____

Office use only		
Pt. BGL _____		
Inj. Amount/Type _____	Inj. Site _____	Inj. Time _____
	Scan Length _____	Scan Time _____