**Klinički bolnički centar zagreb**



**Klinički zavod za nuklearnu medicinu i zaštitu od zračenja**

**10000 Zagreb, KIŠPATIĆEVA 12**

**Klinička jedinica za pet i pet/ct**

**PrEDSTOJNIK: PROF. DR. SC. dRAŽEN hUIĆ**

**Tel: +385(0)1 2388563, FAx: +385 (0) 1 4920 219**  
**E-mail:**[**predbiljezbe.nuk@kbc-zagreb.hr**](mailto:predbiljezbe.nuk@kbc-zagreb.hr)

**Obrazac za narudžbu za PET/CT   
(ispunjava liječnik koji upućuje na pretragu)**

IME I PREZIME BOLESNIKA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GODIŠTE: \_\_\_\_\_\_\_TJELESNA MASA:\_\_\_\_\_\_\_\_ TJELESNA VISINA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ KONTAKT TELEFON BOLESNIKA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIJEČNIK KOJI UPUĆUJE NA PRETRAGU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPUTNA DIJAGNOZA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KLINIČKO PITANJE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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OPERACIJA: NE DA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATUM: \_\_\_\_\_\_\_\_\_\_\_\_

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KEMOTERAPIJA: NE DA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATUM: \_\_\_\_\_\_\_\_\_\_\_\_

ZRAČENJE: NE DA REGIJA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATUM: \_\_\_\_\_\_\_\_\_\_\_\_

GUK: \_\_\_\_\_\_\_\_\_\_\_\_ KREATININ: \_\_\_\_\_\_\_\_\_\_\_\_  
DATUM ZADNJE MENSTRUACIJE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NALAZI PRETRAGA VEZANIH ZA KLINIČKO PITANJE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DRUGE BOLESTI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIJEKOVI KOJE BOLESNIK UZIMA:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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DIJABETES: NE DA INZULIN: NE DA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALERGIJE: NE DA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POTPIS LIJEČNIKA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAPOMENA ZA BOLESNIKE:**- na pretragu dođite **natašte**  
- molimo ponesite medicinsku **dokumentaciju i CD** od radioloških pretraga (CT, MR)  
- kod javljanja termina pretrage molimo naglasite ako ste **dijabetičar**