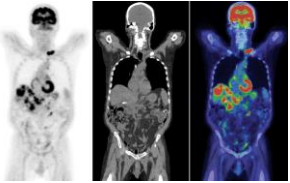


Before the examination of **SCANNER**, please answer carefully to the following questions :

Surname : Name : Date of birth : /..... /..... Weight :Kg Height :m

Have you any problem of **allergy (asthma, iodine)** ?.....YES NO

Had you a particular reaction during a radiologic examination ?.....YES NO



Had you a **Scintigraphy or a Petscan** in three days before the examination..... YES NO

Have you a **Heart, Lung ou Rénal disease** ?.....YES NO



Have you a **pacemaker** or an implanted automatic defibrillator?.....YES NO



Have you a **kidney failure** ?.....YES NO



Have you recently an examination of the stomach, intestine or colon ?.....YES NO

Have you a treatment in progress (**Blocking Beta, thyroid, anti inflammatory, glaucoma**).....YES NO



Are you **diabetic**?..... YES NO

IF YES, do you take a treatment using biguanids (Glucophage, Stagid, Metformine, Générique,...)YES NO



Ladies,

Are you Pregnant or likely to be ?YES NO

Are you breast-feeding?.....YES NO

In the past 48 hours have you had any of the following symptoms :



• **Cough ?** YES NO

• **Fever (chills, sweat) ?** YES NO

• **Have you had COVID cases around you ?** YES NO

Information that seems **significant** to be communicated and **serious illness or infectious disease (Hepatitis C, cancer...)** or **previous surgical intervention**:.....

.....
.....

GIE MOUGINSCAN - 122, avenue du Dr Maurice Donat BP1250 - 06254 MOUGINS CEDEX

Groupement d'intérêt Economique régi par l'ordonnance n°67-821 du 23 septembre 1967 modifié par le décret n°68-109 du 2 février 1968 Capital 30 000 Euros – Siret : 512 460 106 00010
Tel : 04 93 90 08 62 Fax : 04 93 90 08 63

I declare to have been informed of various details and risks related to the examination and I give my consent to carry out and archive the examination

Done in Mougins, on **Signature:**