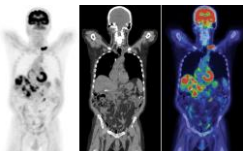


Before the examination of **SCANNER**, please answer carefully to the following questions :

Surname : Firstname : 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 or Rénal disease** ? YES NO

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



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



Have you récemment 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, etc.) ? YES NO



Ladies,

Are you **Pregnant or likely to be** ? YES NO

Are you **breastfeeding** ?

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



Cough ? YES NO

Fever (chills, sweats) ? 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 :