Ictal/Interictal SPECT
Patient Information Form

Patient name: _____   Patient birthdate: _____

Patient's location :

Brief history:

Ictal:

Date: _____   Time of seizure: _____

Dose of the radiopharmaceutical: _____   Time of injection: _____

Description of seizure:

EEG findings during seizure:

Neurology resident/attending (name and beeper number): _____

Time of imaging: _____   Patient cooperation: _____

Name of nuclear medicine technologist: _____

Interictal:

Date: _____

Dose of radiopharmaceutical: _____   Time of injection: _____

Time of imaging: _____

Patient's last seizure: _____

Description of seizure:

Nuclear medicine resident/attending: _____

Please give the completed form to the resident/attending on PET