

PREPARATION FOR YOUR CT SCAN

Name			Location: Brittonfield/Onondaga Hill			
Date of Scan:	Appt Time(s):Lab	s::Di	rink/ArvI:	;Scan:	;MD:	
You are scheduled	I to have a CT scan	(CAT scar) of:			
Chest	Abdomen	Pelvis	Brain	Neck	Sinus	
Spine	Extremities	Other:_				
	<u>IN:</u>	STRUCTIO	<u>NS</u> :			
glasses of water	that you hydrate w within 24 hours of n time. If you need	your scan	. You may	continue dr	inking water	
_	udes any/all food 4 the morning of your ur scan time	•		•		
ORAL CONT	RAST ONLY (will re	equire 1 ho	our wait tim	ne prior to s	scan)	
IV CONTRAS	T ONLY					
BOTH IV AND	ORAL CONTRAS	T (will req	uire 1 hour	wait time p	orior to scan)	
NO SPECIAL	PREPARATION: `	You may ea	at and drink	normally pri	or to scan.	
NO FOOD AF	TER:					
	uestions regarding 504 and ask for CT.	your prepa	ration for yo	ur scan, ple	ase call our	