**General instructions for computed tomography**

Computed tomography (CT, TT) is an X-ray imaging technique that uses X-rays to obtain images of the requested body part.

**Appointment**     .    .20     at     :

**Examination place**

Main entrance F1. The medical imaging unit is located on the left side and forward of the main lobby.

Registration on the self-service registration in the imaging unit by health insurance card (KELA card) or other official identity card.

We ask you to leave jewels and other valuables at home. Emergency patients may cause changes on your examination schedule

**Preparation for examination**

You must abstain from eating and drinking at least for 2 hours before the examination.

Take medication prescribed to you by your doctor according to instructions.

The urinary bladder must be full in the beginning of the abdominal area examinations. You can drink 0,5 l pure water 30 min before the examination. If you have a urinary catheter, close it 4 hours before the examination.

An iodinated contrast agent can be used intravenously in the examination, according to the radiologist's instructions. Report any hypersensitivity in advance to the medical staff of the sending unit.

You may be asked to go to a blood test for kidney function (creatinine) before the examination, on the basis of which the sending unit will provide you with intravenous hydration to a ward if necessary.

If you are or think you may be pregnant, report it to the sending unit.

**Examination**

If an iodine contrast agent is used in the examination, it is inserted into the bloodstream through a vascular cannula inserted into the vein of the arm. The contrast agent causes a transient feeling of warmth and sometimes a taste of the metal in the mouth.

You are lying on an examination table that moves during the examination. The scanner resembles a large ring.

The radiographer will leave the room during the examination to the adjoining room, from where he or she will have an audio and visual connection to you.

During the examination, it is important to remain still and follow the given breathing instructions as movement will cause inaccuracy in the images.

The examination takes about 10 to 30 minutes.

**After the examination**

If an iodine contrast agent has been used in the examination, your condition will be followed for 30 minutes after the examination in the Medical imaging unit. On the day of the examination and the next day, you will need to drink 0.5 to 1 litter of extra fluid (not alcohol) to remove the contrast agent faster from your body.

You will receive the examination results from the sending unit at the agreed time.

**Contact**

**If the appointment date is not suitable for you, please contact the unit treating you**

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee for missed/non-cancelled appointment for a CT examination can be charged. If you need to cancel the appointment, contact the unit treating you at the latest before noon on the previous working day.

For further information about the examination, including patient instructions, please contact the imaging unit.

**Computed Tomography (CT) Screening Questionnaire Form**

Complete the form in advance and take it with you for the examination

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last Name: First Name(s):** | | | | | |
| **Personal Identification Number** |  | |  | | |
| **Weight:** | **Height:** | |  | | |
| Before to the examination, we ask you to remove any metal-containing objects or clothing (such as jewelers, piercings, metal buttons, and bras) in the examination area. Answer the following questions carefully. | | | | | |
| **Allergies / possible contraindications:** | | | | | |
| Have you previously received an iodine contrast agent? | | | | Yes | No |
| If you answered yes, did you get any allergy symptoms?  What kind of symptoms?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes | No |
| Do you have asthma? | | | | Yes | No |
| Do you have any allergies to medications?  If you answered yes, what kind of allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes | No |
| Do you have a tablet-dependent diabetes mellitus?  If you answered yes, do you remember what the name of the medicine is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes | No |
| Is it possible that you are pregnant? | | | | Yes | No |
| **Other Prerequisites:** | | | | | |
| Do you have a scheduled appointment / call time with your doctor for hearing your results? When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Yes | No |
| If you need further information about the examination, please call to the call back service number 040 1533 240 at the latest before noon on the previous working day. We will call you back on the same day between 7:30-16:00 (7:30-15:00 on Fridays) or during the next working day. | | | | | |
| **Signature and name of the person completing the form** | | Date | | | |