



## Client/Patient Supplemental Information

### Client Information

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Emergency Contact Phone ( ) \_\_\_\_\_

### General Practitioner's Information

Doctor's Name \_\_\_\_\_  
Practice Name \_\_\_\_\_  
City \_\_\_\_\_

### Patient Information

Name \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Does the patient have a microchip?  No  Yes  
Is there any known metal in the patient?  No  Yes  
If yes, please explain. \_\_\_\_\_  
Have you received the Client Protocol and Consent Forms?  Yes  No  
Has the patient eaten since 10 pm last night?  Yes  No

**Email Address (invoices will be sent to this address):**

\_\_\_\_\_

**Note:** The patient will be shaved in two areas in preparation for the scan:  
1) the leg for an IV catheter and 2) the chest for heart monitoring.