Medication form/ Diabetic patients		PATIENT MEDICAL INFO LABEL

NAME:_____ DATE:_____ EXAM:_____

Do you have a history of Mastectomy/Lumpectomy involving Lymph Nodes?_____

Are you currently undergoing or do you have a history of Chemotherapy or Radiation?

Yes_____ No_____ What_____

Are you a Diabetic?_____ Do you have CHF or Asthma?_____
(Which One?)

*** If you are a diabetic, please indicate if you are on any fo the following medications***

Glucophage	Yes____	No_____	Glucophage XR	Yes____	No____
Glucovance	Yes____	No_____	Glumetza	Yes____	No____
Metaformin	Yes____	No_____	Prandimet	Yes____	No____
Avandamet	Yes____	No_____			
Metaglip	Yes____	No_____			
Janumet	Yes____	No_____			
Actoplus Met	Yes____	No_____			
Avandamet	Yes____	No_____			
Fortamet	Yes____	No_____			
Glipizide/Metformin	Yes____	No_____			
Riomet	Yes____	No_____			

You should withhold taking your any of these medications for 48 hours after your procedure until you have spoken with your referring Physician, as he or she may want to check your renal functions.

Signature of staff completing form:_____ Date:_____

Radiologist Signature_____ Date: _____