



MINNESOTA ONCOLOGY

You have been scheduled for a CT scan at the:

Maplewood Cancer Center
1580 Beam Ave.
Maplewood, MN 55109
651-779-7978

St. Paul Cancer Center
345 Sherman St.
St. Paul, MN 55102
651-251-5500

You are scheduled for a CT Scan on:

Date: _____ Time: _____ a.m./p.m

- ❖ Your CT includes a scan of your abdomen and/or pelvis, please **DO NOT** eat or drink 3 hours prior to your appointment.
- ❖ Patients needing to take medications within the 3 hours prior to their appointment time, may take medications with minimal food/liquid.
- ❖ Drink at least 8-10 (8 oz.) glasses of water the day prior to your appointment.

ORAL PREP FOR CT SCAN:

You may wish to refrigerate this 12-24 hours prior to drinking.

Shake Well Before Drinking

One hour before your scan time: _____ a.m./p.m

Drink ½ of the Smoothie

30 minutes prior to your scan time: _____ a.m./p.m

Drink the rest of the Smoothie