

Survey Before mr/hr **I-131 Order Form** Survey After mr/hr
Air velocity >40FPM

Customer _____

PO# _____

Delivery Time _____ AM-PM **Delivery Day** M - T - W - Th - F

Patients Name **LAST** _____

FIRST _____

CIRCLE A DIAGNOSIS

Diagnosis: Graves Disease/Hyperthyroid Thyroid Cancer Whole Body Imaging

Therapy: Ablation Dose

I-131 Dose _____ mCi Capsule Solution Syringe for cats

Calibration Day _____ M T W TH F Sat Sun

Calibration Date ____/____/____, 2017

Physician _____

Ordering Tech _____ Date ____/____/ 2017 Time _____

Order Received By _____ (Rph/Pharmacy technician Dx caps only)

Read back Verification (Initial) _____

Verification

Rx# _____

Volume _____

Reads _____

LOT _____

Cal Date ____/____/ 2017

Dispensing _____ Rph

Dual Verification _____ (Initials)