



**WEST COAST
NUCLEAR PHARMACY**

3906 CRAGMONT DRIVE • TAMPA, FLORIDA 33619

Pharmacy: 813.663.9700

Fax: 813.663.9177

Customer Information Form

Name: _____

Address: _____

City: _____ / Zip: _____

Phone: _____ / Fax: _____

Technologist(s): _____

Emergency Phone Numbers

Technologist(s): _____

&

Physician(s): _____

Physicians Name to be placed on prescription label: _____

Accounts Payable Contact Person: _____

A/P Contact Phone: _____ / Fax: _____

A/P Contact Email: _____

Radiopharmaceuticals Request:

RAM LICENSE RECEIVED: YES NO

Resting Sestamibi Dose: _____ mCi Average doses per day _____

Stressing Sestamibi Dose: _____ mCi Average doses per day _____

Resting Tl201 Dose: _____ mCi Average doses per day _____

Stressing Tl201 Dose: _____ mCi Average doses per day _____

Days of Service: M T W TH F

Front Door Keys: YES NO

Front Door Code: _____ NO

Hot Lab Keys: YES NO

Hot Lab Code: _____ NO

Front Door Alarm Code IN: _____ NONE

Front Door Alarm Code OUT: _____ NONE

Hot Lab Alarm Code: _____ NONE

Where to put doses: _____

If No, what time is your building open for deliveries? _____ AM

1st. RUN Deliver BY: _____ AM

2nd. RUN Delivery BY: _____ AM / PM

Start date M T W TH F _____ / _____ / 2015

List rechecked by _____ **Date** _____

Return this form to Lisa for placement in customer file