

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

**WORKSHEET FOR DOSE ESTIMATES – NUCLEAR MEDICINE**

**NOTE:** To request a dose estimation, a written request must be submitted to the office of Krueger-Gilbert Health Physics, Inc. Such requests should be in the form of a letter and include the patient's ID number and organ for which dose is to be estimated. The letter must include the above information or reference these worksheets. If these sheets are forwarded with the request, they must be signed.

**A Purchase Order # must accompany this request.** A written report will be provided within 7 – 10 days of receipt of this request.

P.O. #: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_

**RADIOPHARMACEUTICAL**

Activity administered: \_\_\_\_\_ mCi

Mode of Administration (e.g. IV, Oral or subcutaneous): \_\_\_\_\_

Administration Site (e.g. IV arm, subcu breast): \_\_\_\_\_

Female Patient or Male Patient: \_\_\_\_\_

Pregnant Patient? \_\_\_\_\_ Estimated gestational age at the time of injection \_\_\_\_\_

Normal study? \_\_\_\_\_

**EXPLANATION OF CIRCUMSTANCES:**

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Signature of person completing this form: \_\_\_\_\_