

Facility: _____ Date: _____

WORKSHEET FOR DOSE ESTIMATES FOR THYROID

NOTE: To request a dose estimation, a written request must be submitted to the office of Krueger-Gilbert Health Physics, Inc. Such request 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 day's of receipt of the request.

P.O. #: _____

Patient ID Number: _____

RADIOPHARMACEUTICAL

Type: _____

Activity: _____ mCi

Percent Uptake: _____ %

EXPLANATION OF CIRCUMSTANCES:

Signature of person completing this form: _____