Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital PHYSICIAN REQUEST FORM FOR I-131 UPTAKE AND/OR TREATMENT

Instructions: Fax completed form to (314) 362-0414. We will call back with the date and time for the uptake study. Call (314) 362-2802 if you have questions.

Patient:				Sex:	Birt	hdate:	
Requesting Physician:					Phone/Beeper:		
Pertinent History/Complicating Medical Problems (Please fax most recent office note):							
Prior I-131 Therapy? W			When?		Where?		
Laboratory Data [If the results of the thyroid function tests are not in BJC Clinical Desktop, please fax a copy of the original results. Thyroid function tests generally should be obtained within three weeks of uptake/treatment unless patient has known longstanding hyperthyroidism.]							
Test	Result	Date	Result	Date	Result	Date	Normal Range
Free T4							ng/dL
Total T4							μg/dL
Free T3							ng/dL
Total T3							pg/dL
TSH							µIU/mL
Prior Iodinated	Contrast (v	within the la	st 2 months)):			
Current Medications:							
Medications to be discontinued? When? [PTU or Tapazole should be stopped for at least three days before uptake measurement.]							
If the Patient is a Female, Indicate: □ Beta-HCG will be obtained on □ Postmenopausal □ S/P Tubal Ligation/Hysterectomy [Pregnancy test must be obtained in all women of childbearing potential and should be obtained as close as possible (≤ 7 days) to date of I-131 administration. Fax Beta-HCG results if not in BJC Clinical Desktop.] Lactating or Breast Feeding? □ Yes □ No [I-131 therapy should be delayed for several weeks postpartum or after cessation of breast feeding.]							
Service Requested (Check only one): □ Uptake With Treatment the Next Day □ Uptake With Treatment the Next Day Only After Discussion with Requesting M.D. □ Uptake Only							
Date M.D. M.D. Nuclear Medicine Physician Signature Nuclear Medicine Physician Signature							
http://gamma.wustl.edu/division/clinical-information.html Starting Date:							Revised 11-Jun-08