Study Date

Thyroid Imaging Scheduling Form

Patient:_____ **Birth Date:**_____

Referring Physician:_____ **Phone:**_____

History:

Laboratory Data:

Any Interfering Medications? (e.g., thyroid hormone, iodinated contrast agents, amiodarone)

Reason For Study (select from list below):

O Solitary or dominant nodule: evaluate function to assess risk of malignancy.
(Recommend that fine-needle aspiration biopsy is more logical and cost-effective diagnostic approach.)

O Solitary nodule: evaluate for multinodularity.
(Recommend that ultrasonography is more sensitive approach with no radiation exposure.)

O Solitary nodule with equivocal results of fine-needle aspiration biopsy.
(Scintigraphy acceptable; I-123 imaging generally preferable.)

O Evaluate morphology of multinodular or diffuse goiter.
(How will results influence management?)

O Equivocal physical examination results: evaluate for nodule.
(Recommend that ultrasonography is more sensitive approach with no radiation exposure.)

O Evaluate neck mass (? relation to thyroid) or metastatic cancer unknown primary source.
(Recommend that ultrasonography is more sensitive approach with no radiation exposure.)

O Evaluate for substernal goiter.
(CT is generally the preferred approach. If scintigraphy needed, I-123 generally preferable.)

O Evaluate for other ectopic thyroid tissue (e.g., lingual) or exclude that "thyroglossal duct cyst" is patient's only thyroid tissue.
(Scintigraphy is acceptable.)

O Confirm subacute or painless thyroiditis.
(Scintigraphy gives faster result; I-131 uptake is less costly. Both are acceptable)

O Distinguish Plummer's disease from Graves' disease superimposed on nodular goiter.
(Scintigraphy is acceptable.)

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O Other: Specify.

Comments:

Information taken by:_____ Date:_____