

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR RADIOIODINE 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:** _____ **Birthdate:** _____

Requesting Physician: _____ **Phone/Beeper:** _____

Pertinent History/Complicating Medical Problems (Please fax most recent office note):

Prior I-131 Therapy? _____ **When?** _____ **Where?** _____

Laboratory Data [If the results of the thyroid function tests are not in Clinical Desktop or All Scripts, 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							pg/dL
Total T3							ng/dL
TSH							µIU/mL

Prior Iodinated Contrast (within the last 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: Pregnancy test will be obtained on _____
 [Pregnancy test must be obtained in all women of childbearing potential and should be **obtained ≤ 3 days** before and preferably on the day uptake is started.. Fax results if not in Clinical Desktop or All Scripts.]

OR Patient is: Premenarchal Postmenopausal S/P Tubal Ligation S/P Hysterectomy

Lactating or Breast Feeding? Yes No
 [I-131 therapy should be delayed for 4-6 weeks postpartum or after cessation of breast feeding.]

Service Requested (Check only one): Uptake Only Uptake with Treatment the Next Day
 Uptake with Treatment the Next Day Only after Discussion with Requesting M.D.

 Check if Thyroid Imaging also requested (rarely needed unless palpable nodules are present)

_____ **M.D.** _____ **M.D.**
 Date Requesting Physician Signature Nuclear Medicine Physician Signature

If thyroid imaging to be done, the Nuclear Medicine Physician must indicate whether Tc-99m or I-123
If I-123, indicate that radiopharmacy was notified

Check for current form at:
<http://gamma.wustl.edu/division/clinical-information.html>

Revised 11-Aug-11
 Starting Date: