

Nuclear Medicine Technologist Worksheet

St Vincents Riverside Southside Clay St Johns

Patient Name:

MMI:

Age:

Exam Type:

Indication/Symptoms:

Pertinent PMH/PSH/Cancer:

Pregnancy Screen: Neg Pos Post Meno Hyst / Tubal Not Sexually Active w/ Male Male Pt

LMP: I, the above listed patient, attest that I am not potentially pregnant: _____

If patient is currently breastfeeding, was handout given to her? Yes No

Other Screen:

For Thyroids: Thy Meds Thy Enlargement Thy Nodule Surgery/Biopsy Radioiodine Fam Hx Thy Ca

For HIDAs/Livers: EtOH Use None Mild Moderate Heavy Social

Pertinent Labs:	GFR	_____	WBC	_____	Glucose	_____	D Dimer	_____	TSH	_____
	ALT	_____	AST	_____	Alk Phos	_____	Bilirubin	_____	Tech:	

Radioisotope 1:

Assayed Dose: Time:

Administered Dose Time:

Radioisotope 2:

Assayed Dose: Time:

Administered Dose Time:

Time at Imaging:

Injection Site:

Tech:

Meal / CCK mcg @ mins Right upper quadrant pain during fatty meal / CCK admin? No Yes

Lasix mg @ mins Captopril mg @ mins

Tech Obtaining History:

Tech Performing Scan:

Tech Verification: Standard Protocol Y N Patient ID Y N Procedure Y N Positioning Y N