

**DEPARTMENT OF IMAGING SERVICES - NUCLEAR MEDICINE**

**St. Luke's Hospital**

**Mercy Medical Center**

Thyroid Scan and Uptake with I<sup>123</sup>

Thyroid Scan with Tc<sup>99m</sup>

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

MR #: \_\_\_\_\_ Physician: \_\_\_\_\_

Sex:  Male  Female Pregnant or Nursing:  Yes  No  N/A

HISTORY: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PRIOR SURGERY:** \_\_\_\_\_

**COMMON MEDICATIONS/DRUGS/FOOD:**

	Yes	No	
Thyroid Hormones (4 weeks) Synthroid, desiccated thyroid	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
Thyroid Medications (1 weeks) Cytomel, Tapazol, PTU	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
X-Ray Contrast (4 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when _____
Myelogram (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date when _____
Salpingography (4 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when _____
Amiodarone (cordarone) (4 weeks) With patient's cardiologist approval	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
Dietary Supplements (1 week) Kelp, fish oil, boost, ensure	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
Shell Fish (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
Multivitamins (1 week)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____
Iodine products (4 weeks) Topical ointments, suppositories	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date discontinued _____

**PREP:** NPO 4 hours before appointment

**Thyroid Uptake:**

\_\_\_\_\_ @ \_\_\_\_\_ hours

**Normal Uptake Values:**

**4 hrs less than or equal to 18%**

**5 hrs less than or equal to 20%**

Lab Result	Date(s)	Patient Results	Normal Range
TSH			
T4			
Free T4			
Free T3			
Other			