

# Written Directive - Radiopharmaceutical

Facility: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

## PATIENT IDENTIFICATION

\_\_\_\_\_ Pt. Name Announced \_\_\_\_\_ Spelling of Name \_\_\_\_\_ ID Card  
 \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Wrist Band \_\_\_\_\_ Other \_\_\_\_\_

## PREGNANCY / BREAST FEEDING STATUS

Negative pregnancy confirmed by: \_\_\_\_\_ PG Test \_\_\_\_\_ LMP \_\_\_\_\_ N/A

Breast Feeding: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

## DESIRED PROCEDURE

- \_\_\_\_\_ <sup>89</sup>Sr Therapy for palliation of osseous mets. pain
- \_\_\_\_\_ <sup>153</sup>Sm Therapy for palliation of osseous mets. pain
- \_\_\_\_\_ <sup>32</sup>P (Sodium) Therapy for polycythemia vera
- \_\_\_\_\_ <sup>131</sup>Iodine Whole Body Scan
- \_\_\_\_\_ <sup>131</sup>Iodine Substernal Thyroid Scan
- \_\_\_\_\_ <sup>131</sup>Iodine Therapy for Hyperthyroidism
- \_\_\_\_\_ <sup>131</sup>Iodine Therapy for Thyroid Cancer
- \_\_\_\_\_ <sup>90</sup>Y Zevalin Therapy for Non-Hodgkin's Lymphoma
- Other: \_\_\_\_\_

## RADIOPHARMACEUTICAL(Circle One)

<sup>89</sup>Sr Chloride      <sup>153</sup>Samarium      Sodium <sup>32</sup>P      <sup>131</sup>I Sodium Iodide  
<sup>90</sup>Yttrium Ibritumomab Tiuxetan(Zevalin)      Other: \_\_\_\_\_

Prescribed Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_ Date: \_\_\_\_\_

Administered Dose: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_