

Patient Release Calculation Data Sheet

The following information should be completed and faxed to Alliance Medical Physics **prior** to the administration of any I-131 dose **in excess** of 33 mCi for patient specific calculations to be performed.

1. Procedure to be performed:

- ☐ I-131 hyperthyroid therapy
☐ I-131 carcinoma therapy/ablation

2. Patient ID#: _____

3. Patient DOB: _____

4. Sex: ☐ Male ☐ Female

5. Radiopharmaceutical to be administered: _____

6. Prescribed Activity to be administered: _____

7. Date and Time to be administered: _____

8. % Thyroid Uptake: _____

9. Is Patient post thyroidectomy? ☐ Yes ☐ No

10. Patient size:

- ☐ Small Frame
☐ Normal Frame
☐ Large Frame

11. Occupancy Factor(based on initial screening):

- ☐ 0.25
☐ 0.125