

# THYROID UPTAKE & SCAN



Name \_\_\_\_\_ X-ray # \_\_\_\_\_ Date \_\_\_\_\_

Please describe any problem that led to this exam:

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1. Have you or your physician felt a lump or nodule in your neck?  
\_\_\_\_\_ yes \_\_\_ no
2. Is there a family history of thyroid disease?  
\_\_\_\_\_ yes \_\_\_ no
3. Have you had prior thyroid scans?  
\_\_\_\_\_ yes \_\_\_ no
4. Have you ever had surgery on your thyroid?  
\_\_\_\_\_ yes \_\_\_ no
5. Have you ever been treated for thyroid disease with medication?  
\_\_\_\_\_ yes \_\_\_ no
6. Have you had any recent x-rays or CT scans that required an injection of contrast?  
\_\_\_\_\_ yes \_\_\_ no
7. Have you ever been treated with radioactive iodine for thyroid disease?  
\_\_\_\_\_ yes \_\_\_ no if yes, date \_\_\_\_\_

Please list any medications you have taken in the past three weeks

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Technologist section

24 HOUR UPTAKE

$\frac{\text{patient count}}{\text{std. count X \# capsules}} = \text{_____} = \text{_____} \% \text{ uptake}$

Performing technologist:

- J Simonds    S Hadlick  
 P Peguero    S Marcello  
 D Komor

Consent given by Parent/Guardian for minor to have nuclear medicine procedure:

Name: \_\_\_\_\_ Date: \_\_\_\_\_