



ADM: 02/28/2013

## Written Directive Form

Prior to Administration

Patient Name \_\_\_\_\_

Date of Procedure 2/26/13Patient's Birthdate 7/1/1971Radiopharmaceutical Prescribed 131 IPrescribed Dose 30 mCi Route of Administration oral capAuthorized User DR MA Signature/Date \_\_\_\_\_Measured Dose 32.2

1. Does measured dose differ from prescribed dose by more than 10%?  
(circle one) Yes No

If YES, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

2. Is route of administration same as above? (circle one) YES NO

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

3. Is radiopharmaceutical to be administered same as prescribed?  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

4. I completely understand the instructions of this Written Directive Form.  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

## Following Administration

This record is complete and accurate to the best of my ability:

Technologist's Signature/Date M Snyder 2/26/13

reviewed 12/16/14 by John Leone, MD, authorized user (300)

**Written Directive Form****Prior to Administration**

Patient Name \_\_\_\_\_

Date of Procedure

2/26/13

Patient's Birthdate \_\_\_\_\_

Radiopharmaceutical Prescribed

131 I

Prescribed Dose

30 mCi

Route of Administration

oral cap

Authorized User

VRM

Signature/Date

[Signature]

Measured Dose

32.2

1. Does measured dose differ from prescribed dose by more than 10%?  
(circle one) Yes No

If YES, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

2. Is route of administration same as above? (circle one) YES NO

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

3. Is radiopharmaceutical to be administered same as prescribed?  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

4. I completely understand the instructions of this Written Directive Form.  
(circle one) Yes No

If NO, DO NOT ADMINISTER DOSE AND SEEK GUIDANCE FROM AUTHORIZED USER.

**Following Administration**

This record is complete and accurate to the best of my ability:

Technologist's Signature/Date

M Saylor2/26/13