PUBLIC/PDR

Kettering
Medical
Center

3535 Southern Boulevard
Kettering, Ohio 45429-1298

513-298-4331

030-02864

Writer's Direct Dial Number

November 20, 1996

Materials Licensing Section
Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, IL 60532-4351

Attn: QMP Program

License Number 34-13857-01

Dear Madam/Sir:

We have just completed a small change in our Written Directive form for Nuclear Medicine to make use of the form simpler and more efficient. We are submitting this form to you for your approval.

If you have any questions please call me at 513-296-7818.

Sincerely,

Steven Cartwright, PhD
Radiation Safety Officer

Enc.

Pm 11/21/96

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DA

Nuclear Medicine Written Directive and QMP Form

WRITTEN DIRECTIVE

Patient Name_____

Date_____Patient Birth date_____ NM ID#_____

Diagnosis_____

Radiopharmaceutical_____Activity_____ uCi or mCi

To be administered PO_____IV_____IP_____ Date_____Time_____

NM Physician_____Location_____KMH_____SH

QMP Form

Tests to be Ordered Prior to Administration:

_____TFT
_____Free T4
_____TSH
_____Blood Count
_____Pregnancy Test
_____Serum Thyroglobulin
_____Other_____

✧

Patient Identification

_____Patient Name
_____Hospital ID bracelet
_____Insurance card
_____Patient Birth date
_____Driver's license/picture ID
_____Other_____

(Attach Label Here)

Are the radiopharmaceutical dose and formulation correct?	_____Yes_____No_____NA
Is the planned route of administration correct?	_____Yes_____No_____NA
Are the require tests available for review?	_____Yes_____No_____NA
Is the patient pregnant or breast feeding?	_____Yes_____No_____NA
Does the patient appear well?	_____Yes_____No_____NA

Administered by_____Date_____