

NUCLEAR MEDICINE THYROID SCAN

Patient Name: _____ DOB: _____

Reason for Scan: _____ Weight: _____

Pregnant ? ☐ Yes ☐ No

Breastfeeding ? ☐ Yes ☐ No

(Patient's must wait 4 weeks following cessation of Breastfeeding before exam)

Previous exams using - I.V. or Oral Contrast (CT or IVP) ? ☐ Yes ☐ No

Has patient had X-ray IV Contrast in the last 8 weeks? ☐ Yes ☐ No

(Patient must wait 8 weeks after IV Contrast before having exam)

Has patient had Oral X-ray Contrast in the last 6 months? ☐ Yes ☐ No

(Patient must wait 2 weeks after **Omnipaque** & 6 months after **Gastrografin** & **Gastroview**...If you are unsure of the type of Contrast used please contact **RADIOLOGY** for assistance)

Allergy to Iodine Contrast? ☐ Yes ☐ No

(If patient can eat store bought processed bread without a reaction they can have exam)

Has patient ever had a NM Thyroid scan before? ☐ Yes ☐ No

If Yes, When? _____ Where? _____

Has Patient had any of the following labs done? If so write in the values and the normal ranges.

T3 _____ Normal Range _____ Date _____

T4 _____ Normal Range _____ Date _____

FTI _____ Normal Range _____ Date _____

TSH _____ Normal Range _____ Date _____

List Current Medications, Including Over the Counter Drugs (Or Attach Copy of List):

Has Patient had any contraindicated medications? ☐ Yes ☐ No

(See list below)

Instruct Patient:

☐ Do not eat or drink anything after midnight (or 6 hours minimum)

☐ Do not take any aspirin for 1 week before the test

☐ If patient needs to cancel, they need to call the Medical Imaging Dept. the day before the test by 1:30 pm or there will be a cancellation charge.

☐ There is a 3 to 6 hour wait time between the oral administration of the Iodine capsule and the actual imaging. Imaging takes about 1 hour.

Scheduling Person: _____ Date: _____

Clinic Nurse Involved In Scheduling (If applicable): _____

Thyroid Medication List

COMPOUNDS THAT MAY DECREASE THYROID IODINE UPTAKE

*****THESE DRUG GUIDELINES DO APPLY TO TECHNETIUM SCANS ALSO.

The patient must be off the following:

<u>MEDICATION:</u>	<u>TIME:</u>
Levothyroxine (Synthroid, Levoxyl, Levothroid)	6 weeks
Armour Thyoid or Nature-Throid	6 weeks
Liothyronine (Cytomel)	2 weeks
IV Contrast Agents (CT or IVP)	8 weeks
Oral Contrast Agents	
Omnipaque	2 weeks
Gastrografin or Gastroview	6 months
Kelp Tablets	2-3 months
PTU (Prophylthiouracil)	3-7 days
Tapazole or methimazol	5 days

The patient should be off the following drugs, however the scan can still be performed if the patient is still taking them:

<u>MEDICATION:</u>	<u>TIME:</u>
ACTH	1 week
Anticoagulants	"
Antihistamines	"
Antiparasitics	"
Bromides	"
Butazolidine	"
Mercurials	"
Nitrates	"
Penicillin	
Pentothal	
Perchlorate	
Aspirin	
Sulfonamides	
Thiocyanate	