

Radiation Oncology Oral I-131 & Parenteral Administration Log

Resident Name	Program	Program #	Date	Disorder	Radionuclide	Dose Administered	Preceptor Name/Signature
					<u>Oral I-131</u>	(>33 mCi)	
1.	_____	_____	_____	_____	<u>I-131</u>	_____	_____
2.	_____	_____	_____	_____	<u>I-131</u>	_____	_____
3.	_____	_____	_____	_____	<u>I-131</u>	_____	_____
<u>Parenteral</u>							
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____