

Radiation Oncology

Oral I-131 and Parenteral Administration Log

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