

Mallinckrodt Institute of Radiology - Barnes-Jewish Hospital
PHYSICIAN REQUEST FORM FOR THYROID IMAGING IN PATIENTS WITHOUT HYPERTHYROIDISM

Instructions: Fax completed form to (314) 362-0414. We will call back with the date and time for the thyroid imaging.
Call (314) 362-2802 if you have questions.

Patient: _____ **Sex:** _____ **Birthdate:** _____

Requesting Physician: _____ **Phone/Beeper:** _____

Pertinent History/Complicating Medical Problems:

Laboratory Data:

Any Interfering Medications? (e.g., thyroid hormone, iodinated contrast agents, amiodarone, PTU)

Reason for Study (select from list below):

- | | |
|---|--|
| <p><input type="checkbox"/> Solitary or dominant nodule: evaluate function to assess risk of malignancy.
<i>(Note that fine-needle aspiration biopsy is a more accurate diagnostic approach.)</i></p> <p><input type="checkbox"/> Solitary nodule: evaluate for multinodularity.
<i>(Note that ultrasonography is more sensitive approach with no radiation exposure.)</i></p> <p><input type="checkbox"/> Solitary nodule with equivocal results of fine-needle aspiration biopsy.
<i>(Scintigraphy can be useful; I-123 imaging generally preferable.)</i></p> <p><input type="checkbox"/> Evaluate morphology of multinodular or diffuse goiter.
<i>(How will results influence management?)</i></p> | <p><input type="checkbox"/> Equivocal physical examination results: evaluate for nodule.
<i>(Note that ultrasonography is more sensitive approach with no radiation exposure.)</i></p> <p><input type="checkbox"/> Evaluate neck mass (? relation to thyroid) or metastatic cancer unknown primary source.
<i>(Other tests such as ultrasonography, CT or PET/CT are more likely to be useful.)</i></p> <p><input type="checkbox"/> Evaluate for substernal goiter.
<i>(CT is generally the preferred approach. If scintigraphy needed, I-123 generally preferable.)</i></p> <p><input type="checkbox"/> Evaluate for other ectopic thyroid tissue (e.g., lingual) or exclude that "thyroglossal duct cyst" is patient's only thyroid tissue.
<i>(Scintigraphy can be useful.)</i></p> |
|---|--|

Other: Specify _____

Comments:

Study Requested (Check one): Thyroid imaging with: Tc-99m pertechnetate I-123 Tracer chosen by NM

_____ M.D. _____ M.D.
Date Requesting Physician Signature Nuclear Medicine Physician Signature

Nuclear Medicine Physician must confirm whether Tc-99m or I-123
If I-123, indicate that radiopharmacy was notified

Check for current form at:
<http://gamma.wustl.edu/division/clinical-information.html>

Starting Date: