CØS	
CEDARS-SINAI.®	
S. MARK TAPER FOUNDATION IMAGING CENTER	1

PARATHYROID QUESTIONNAIRE

PATIENT I.D.

Medications:				
 Synthyroid Cytomel PTU (tapazol) 				
Ultrasound	When: When:	Where:		
Patient's Name (pr	rint)	Signature	Date	Time
Staff Name (print)		Signature	Date	Time
itional notes:				
r Technologist	Use Only:			
		Dose sticker (Affix label)		
	 Cytomel PTU (tapazol) Surgeries: Thyroidectomy Parathyroidect Other imaging test Ultrasound CT scan MRI Patient's Name (print) itional notes:	 Synthyroid Cytomel PTU (tapazol) Surgeries: Thyroidectomy N Parathyroidectomy N Other imaging tests of neck: Ultrasound When:	Synthyroid Cytomel PTU (tapazol) Surgeries: Thyroidectomy No Yes, when? Parathyroidectomy No Yes, when? Parathyroidectomy No Yes, when? Vhere: Vhere: Vhere: Nr scan When: Vhere: Signature Staff Name (print) Signature Technologist Use Only: Dose sticker	Synthyroid Cytomel PTU (tapazol) Surgeries: Thyroidectomy No Yes, when? Parathyroidectomy No Yes, when? Parathyroidectomy No Yes, when? Other imaging tests of neck: Ultrasound When: Where: NHRI When: Where: Patient's Name (print) Signature Date Staff Name (print) Signature Date itional notes: Technologist Use Only: Dose sticker