CEDARS-SINAI®

S. MARK TAPER FOUNDATION
IMAGING CENTER

PARATHYROID QUESTIONNAIRE

PATIENT I.D.

1. Reason for exam: *Please check all that apply*.
   - ❑ Hyperparathyroidism
   - ❑ Hypercalcemia
   - ❑ Hyperplasia
   - ❑ Other: ____________________
   - ❑ Adenoma

2. Medications:
   - ❑ Synthyroid
   - ❑ Cytomel
   - ❑ PTU *(tapazol)*

3. Surgeries:
   - ❑ Thyroidectomy ❑ No ❑ Yes, when? ____________________
   - ❑ Parathyroidectomy ❑ No ❑ Yes, when? ____________________

4. Other imaging tests of neck:
   - ❑ Ultrasound When: ________ Where: ________
   - ❑ CT scan When: ________ Where: ________
   - ❑ MRI When: ________ Where: ________

____________________	____________________	__________	__________
Patient's Name *(print)*	Signature	Date	Time
____________________	____________________	__________	__________
Staff Name *(print)*	Signature	Date	Time

Additional notes: ____

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For Technologist Use Only:

Dose sticker
(Affix label)