DOCTOR'S ORDERS FOR CESIUM-137, IRIDIUM-192 OR IODINE-125 THERAPY

PATIENT CONTAINS RADIOACTIVE MATERIALS

APPLIED RADIONUCLIDE ___________________________ FORM ___________________________ (wires, needles, tubes, seeds)

NUMBER OF SEALED SOURCES ___________________ ROUTE ___________________________

ACTIVITY _______ mCi (or mcg equiv.) ________ am/pm ________ 20 ________

EXPECTED TIME OF REMOVAL ___________________ am/pm ________ 20 ________

EXPOSURE RATES AT:
1 meter from source ______________ mR/hr., 2 meters from source ______________ mR/hr., doorway ______________ mR/hr.

Measured by ___________________ Instrument ___________________ Calibration Due Date ___________________ 

Signature __________________________

COMPLY WITH ALL ITEMS CHECKED:

1. Attending personnel must wear film badge monitor.
2. Assign to single room.
3. Patient must remain in room/bed.
4. 15° maximum elevation for head of bed.
5. Place laundry in linen bag and save.
6. No bath.
7. No visitors under 18 or who may be pregnant.
8. Environmental Services may not enter room.
9. A dismissal survey must be performed before patient is discharged.
10. Lead bed shields must be used by personnel.

COMMENTS: __________________________________________________________

IF SOURCE IS DISPLACED, USE THE LONG FORCEPS PROVIDED AND PLACE THE SOURCE IN THE SHIELDED CONTAINER. **DO NOT TOUCH THE SOURCE!**

IN THE EVENT OF AN EMERGENCY, SOURCE DISPLACEMENT, SURGERY, OR PATIENT EXPIRATION, IMMEDIATELY CALL:

<table>
<thead>
<tr>
<th>UCDHS Health Physics Office</th>
<th>DAYS</th>
<th>NIGHTS</th>
<th>PAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician ________________</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

VISITORS AND STAFF

MUST FOLLOW THE "MAXIMUM PERMISSIBLE DAILY EXPOSURE TIMES" BELOW

<table>
<thead>
<tr>
<th>Exposure Rate (mR/hr)</th>
<th>Daily Nursing Times</th>
<th>Daily Visitation Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>@ 1 meter from patient</td>
<td>(time at bedside)</td>
<td>(time @ 2 meters)</td>
</tr>
<tr>
<td>_____________________</td>
<td>____________________</td>
<td>______________________</td>
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</tbody>
</table>

Sources removed and returned to storage on: ___________________________ at ________________ a.m./p.m.

By: ___________________________ Patient Survey: ______________ mR/hr; Room Survey: ______________ mR/hr;

Linen Survey: ______________ mR/hr By: ___________________________ Date: ___________________________