

## **Thyroid Information Sheet**

Guest Name:		Date:
MRN:	Age:	Sex:
Referring Physician:		
Have you ever had a thyroid ultrasound?	$\Box$ Yes $\Box$ N	Io
If so, where?		
TECHNOLOGIST TO COMPLETE		
1.) Has the patient noticed any problems	with his/her th	yroid or neck? □ Yes □ No
2.) Has the patient had any previous thyr	roid problems?	□ Yes □ No
3.) Has the patient had any previous thyr	oid surgery?	□ Yes □ No
4.) Has the patient had any radiation trea	tment to the fac	ce/neck as a child? □ Yes □ No
5.) Has the patient had any IV iodine x-ra	ay contrast in the	he last $4 - 6$ weeks? $\square$ Yes $\square$ No
6.) Any additional pertinent thyroid history	ory:	
Technologist:		

## Thyroid hormones:

- 1. Synthroid must be off 4 weeks.
- 2. Proloid must be off 4 weeks.
- 3. Cytomel must be off 2 weeks.
- 4. Levoxyl must be off 6 weeks.
- 5. Armour Thyroid must be off 4 weeks.
- 6. Levothroid must be off 4 weeks.
- 7. Nature-throid and Westhroid must be off 4 weeks.
- 8. Thyrolar must be off 4 weeks.
- 9. Unithroid must be off 4 weeks.

## Antithyroid:

- 1. Propylthiouracil must be off 5 days.
- 2. Tapazole (methimazole) must be off 5 days.

## Dietary Supplements/ Other

- 1. Multivitamins must be off 4 weeks.
- 2. Kelp must be off 4 weeks.
- 3. IV contrast cannot be in last 4 6 weeks.