

# Cesium Brachytherapy Survey Form

This form must be completed and placed in the patient's chart. A completed photocopy must be sent to the Health Physics Services of the Environmental Health & Safety Center and to the Radiation Oncology Department.

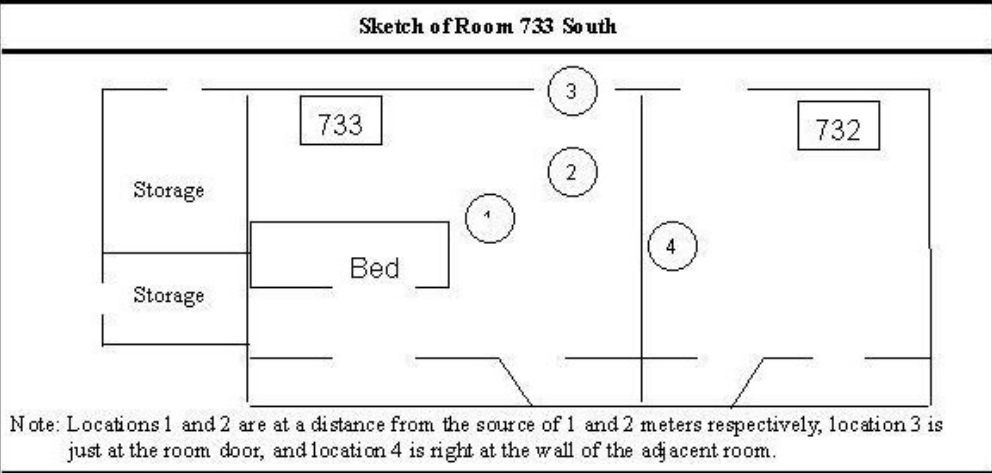
Patient's Name: \_\_\_\_\_ Date and Time of loading: \_\_\_\_\_

Medical Record #: \_\_\_\_\_ Cesium Loaded By: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Date and Time of Removal: \_\_\_\_\_

Total Cesium Activity: \_\_\_\_\_ Cesium Removed By: \_\_\_\_\_

Implant Duration as Calculated by Radiation Oncology: \_\_\_\_\_



**Survey Meter Results**

Post Cesium Insertion	Post Cesium Removal										
Detector Type: End-Window / Pancake / HEG	Detector Type: End-Window / Pancake / HEG										
Model: _____ SN: _____	Model: _____ SN: _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Location</th> <th style="width: 80%;">Exposure Rate (mR/hr)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td></tr> </tbody> </table>	Location	Exposure Rate (mR/hr)	1		2		3		4		Comments:
Location	Exposure Rate (mR/hr)										
1											
2											
3											
4											

Date / Name of Surveyor: \_\_\_\_\_ Date / Name of Surveyor: \_\_\_\_\_

**Visitation**

Visitors must stay at least 2 meters away from the bed. The maximum allowed time for a visitor per day is: \_\_\_\_\_