

Cesium Loading Configuration

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. The loading and unloading physicians must fill the appropriate parts.

Patient Name: _____ Medical Record #: _____

Attending Physician: _____

Loading of Cesium

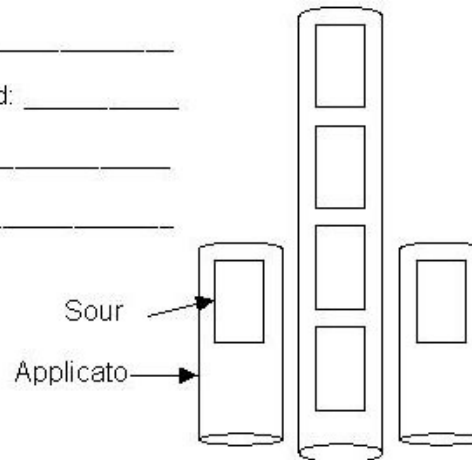
For the given sketch, clearly indicate the loading configuration. Write N/A (Not Applicable) for the rectangles that are not loaded.

Date and Time of Loading: _____

Total Number of Cesium Sources Loaded: _____

Total Number of Dummies Loaded: _____

Sources Loaded By: _____



Unloading Of Cesium

Prior of cesium unloading, the above segment of this form must be carefully reviewed.

Date and Time of Removal: _____

Total Number of Cesium Sources Removed: _____

Total Number of Dummies Removed: _____

Sources Removed By: _____
