

Form B

I-131 Therapy Experience Log

Resident Name

Program & Number

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
33mCi		
1. _____	_____	_____ Print Name _____ Sign Name
2. _____	_____	_____ Print Name _____ Sign Name
3. _____	_____	_____ Print Name _____ Sign Name

<u>Date</u>	<u>Dose Administered</u>	<u>Preceptor (AU) Print & Sign Name</u>
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