



**WEST COAST  
NUCLEAR PHARMACY**

3906 CRAGMONT DRIVE • TAMPA, FLORIDA 33619

CONFIRMATION OF PATIENT NAME AND ISOTOPE FOR  
BLOOD LABELING PROCEDURE BY  
NUCLEAR MEDICINE DEPARTMENT

IMPORTANT: PLEASE CALL THE PHARMACY: **(813) 663-9700**  
IN ADVANCE TO SCHEDULE THE PROCEDURE and CONFIRM FAX RECEIPT.

**NOTE: Please verify Patient is not on Antibiotics**

Date labeling is to be performed: \_\_\_\_\_

Hospital or Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Isotope to use:  Tc-99m Exametazime (Ceretek™)  Indium-111 Oxine

Patient Name: **(PLEASE PRINT LEGIBLY)**

**PATIENT WBC COUNT:** \_\_\_\_\_

First Name:														
Last Name														

Pick up time from Hospital or Clinic: \_\_\_\_\_

**Confirm above information and fax to: (813) 663-9177**

*For Pharmacy use only*

Estimated Pick-up time: \_\_\_\_\_

Hospital Name on this form matches original verbal order

Confirmed by: \_\_\_\_\_

Patient Name on this form matches original verbal order

Confirmed by: \_\_\_\_\_

Isotope on this form matches original verbal order

Confirmed by: \_\_\_\_\_