From: Miguel Rios <marios29us@yahoo.com>
To: <slg2@nrc.gov>
Date: Sat, Dec 10, 2005 9:49 AM
Subject: New Prescription Form for Grillasca

52-11832-02
03034175/200500

Hi.

This is the new form for the new patients at Hospital Andres Grillasca please revised and feel free to make changes.

The patient will begin treatement on Tuedsday.

Thank you,

Miguel A. Rios, MS
787-641-7582 x11153
787-579-7210

Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
http://mail.yahoo.com

Mail Envelope Properties (439AEAC7.721 : 20 : 22305)

Subject: New Prescription Form for Grillasca
Creation Date: Sat, Dec 10, 2005 9:48 AM
From: Miguel Rios <marios29us@yahoo.com>

Created By: marios29us@yahoo.com

Recipients
nrc.gov
kp1_po.KP_DO
SLG2 (Sandra Gabriel)

Post Office	**Route**
kp1_po.KP_DO	nrc.gov

Files	**Size**	**Date & Time**
MESSAGE	391	Saturday, December 10, 2005 9:48 AM
HDR_Interstitial_Rx_Form.doc	52224	
Mime.822	74170	

Options

Expiration Date:	None
Priority:	Standard
Reply Requested:	No
Return Notification:	None
Concealed Subject:	No
Security:	Standard

Departamento de Radioterapia
Hospital Andres Grillasca
HIGH DOSE-RATE BRACHYTHERAPY

Patient Name:_____ **ID Number:**_____

Initial Prescription

Isotope: Ir-192 **Device:** MicroSelectron HDR

Dose Delivered to: _____

Treatment Site: _____

Time Between Fractions: _____

Dose/Fx (cGy)	# of Fx	Total Dose (cGy)	Signed, MD	Date

Prescription Revision I:

Dose/Fx (cGy)	# of Fx	Total Dose (cGy)	Signed, MD	Date

Notes/Comments: _____

Prescription Revision II:

Dose/Fx (cGy)	# of Fx	Total Dose (cGy)	Signed, MD	Date

Notes/Comments: _____

Date						
Patient Identified by Two Methods						
Fraction Number	1	2	3	4	5	6
Number of Catheters						
Applicators						
Dose this Fraction (cGy)						
Source Strength (cGy m^2/hr)						
IRAK (cGy m^2)						
Total Dwell Time (sec)						
Physics Review:						
Authorized User:						
Cumulative Dose to Date (cGy)						
Dose this Fraction (cGy)						
Delivered by (Technologist):						
mR/h over Bkg post-treatment/ Survey Meter S.N.	_____	_____	_____	_____	_____	_____
Post-treatment review (M.D.) Date	_____	_____	_____	_____	_____	_____

Patient identification methods: **N** – name; **S** – SS#; **D** – DOB; **P** – Photo; **O** – Other_____