



CARO REGION

NUCLEAR MEDICINE DEPARTMENT
CCK DATA INFORMATION SHEET

PATIENT NAME: _____ DATE _____

DOB: _____ AGE: _____ X-RAY #: _____

PROCEDURE: _____

DIAGNOSIS: _____

ORDERING PHYSICIAN: _____

MEDICAL HISTORY: _____

Previous GB U/S: Y N Results: _____

Previous ABD CT: Y N Results: _____

Previous LAB: Y N Results: _____

ISOTOPE: TC-99M Cholectec

Dose: _____ Time: _____

WEIGHT _____ LBS _____ KG

CCK Administered based on patient's weight _____ mcg

CCK administered over **3 minutes** with acquisition time of **30 minutes**

SYMPTOMS

RUQ Pain Y N

Nausea Y N

Gassy/Bloating Y N

Other _____

Acquisition time when pain subsided _____ minutes

Technologist performing study: _____