

- 1 University of Kentucky Hospital A.B. Chandler Medical Center
- 1 UK HealthCare Good Samaritan Hospital
- 1 UK HealthCare Ambulatory Services
- 1 UK Dental and Oral Health Clinics

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

INTRAOPERATIVE PARATHYROID HORMONE

(Patient Label Here)

OR Room #: _____

Parathyroidectomy

Phone Extension #: _____

Thyroidectomy

Time Drawn: _____

Relative to Resection

Immediate _____

10 Minutes _____

20 Minutes _____

Other _____

New Baseline

Left Internal Jugular

Right Internal Jugular

Signature: _____ Date / Time: _____