

Radiation Oncology

Oral I-131 and Parenteral Administration Log

Resident Name (Print) Colton Ladbury

Program (Print) City of Hope

Program # 4300513139

Date

Disorder

Radionuclide Administered

Dose

Preceptor Name (Print)

Preceptor Signature

Oral I-131 (>33mCi)

1. _____

I-131

2. _____

I-131

3. _____

I-131

Parenteral

1. 7/29/20

Prostate CA

Re-223

159 uCi

Scott Glaser, MD

2. _____

3. _____

4. _____

5. _____

Radiation Oncology Residency Program Treatment Planning Rotation

RESIDENT NAME: Colton Ladbury, MD

Plan Type	Date Completed	Proctor Name	Signature	Comments
Breast	2/3/21	Tammy Volk	Tammy Volk	
Pelvis Prostate/GYN				
H & N				
Mixed Beam				
Electrons	2/3/21	Tammy Volk	Tammy Volk	
Wedged Pair	2/3/21	Tammy Volk	Tammy Volk	
Lung				
SRS				
SBRT				
3-D Conformal	1/6/21	Tammy Volk	Tammy Volk	
HDR				
LDR				

Successful completion of Treatment Planning Rotation: Resident: _____

Date: _____ Physics: _____