Upstate Medical Physics Data Form for Evaluating Fetal Dose for Pregnant Patient CT Examination

In order to accurately assess the dose to the fetus following a CT examination, it is necessary to obtain specific information related to the examination. Please complete the information below. Fax or e-mail this information to Upstate Medical Physics, Inc. as soon as possible following the diagnostic imaging procedure.

Date form is completed _____ **Name of RSO** _____

Patient Information

_____ **Facility Name**

☐ - ☐ - ☐ **Fax Number**

_____ **Patient Name**

_____ **Patient ID#**

_____ **Date of Examination**

_____ **Referring Physician**

Examination Information

_____ **Room #**

_____ **Type of Examination**

_____ **Equipment Manufacturer & Model**

Size of Patient

XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐

Height _____ Inches

Weight _____ lbs.

# of CT Slices Axial	# of CT Slices Helical	Contrast With	Contrast Without	Detector Configuration How many Detectors				Pitch	Anatomic Superior Margin	Anatomic Inferior Margin	Is Uterus in beam? Yes	Is Uterus in beam? No	For abdominal, list distance from uterus to inferior scan margin	X-Ray Techniques kVp	X-Ray Techniques mAs	X-Ray Techniques Seconds per Rotation
		☐	☐		X		mm				☐	☐				
		☐	☐		X		mm				☐	☐				
		☐	☐		X		mm				☐	☐				

Was the patient known to be pregnant before the exam?	Yes ☐	No ☐	cm
Was the conceptus seen on the scan?	Yes ☐	No ☐	

_____
Name of person completing this form

☐ - ☐ - ☐ ext. ☐
Phone number to call if further information is required

We recommend that you save a copy of this completed form for your records. After saving the completed form you can e-mail it to bobp@upstatemp.com; markw@upstatemp; joeg@upstatemp.com. In order to confirm receipt of this information, we ask that you contact Upstate Medical Physics at 585-924-0350. If you choose to fax this form, our fax number is 585-924-5765.

Print Form