

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

In order to accurately assess the dose to the fetus following a diagnostic X-ray or fluoroscopic 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 \_\_\_\_\_

Facility Name \_\_\_\_\_ Fax Number \_\_\_\_\_ Referring Physician \_\_\_\_\_

Patient Name \_\_\_\_\_ Patient ID# \_\_\_\_\_ Date of Examination \_\_\_\_\_

Size of Patient  
 XS S M L XL XXL

Height \_\_\_\_\_ Inches

Weight \_\_\_\_\_ lbs.

Room # \_\_\_\_\_

Type of Examination \_\_\_\_\_

Equipment Manufacturer & Model \_\_\_\_\_

# of X-Ray Films	Type of View
<input type="checkbox"/>	<input type="checkbox"/> AP/PA
<input type="checkbox"/>	<input type="checkbox"/> Oblique
<input type="checkbox"/>	<input type="checkbox"/> Lateral
<input type="checkbox"/>	<input type="checkbox"/> Other _____

Film Size
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Collimation evident or gonadal shield used?	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is Uterus in beam?		
Yes	No	For abdominal, list distance from uterus to inferior margin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm

X-Ray Techniques		
SID	kVp	mAs
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fluoro Time
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

# of Digital Spots
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Fluoro Mag Mode
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

For abdominal, list distance from uterus to inferior margin		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm

Fluoro/Spot Film Technique	
kVp	mAs
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\_\_\_\_\_  
 Name of person completing this form

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](mailto:bobp@upstatemp.com); [markw@upstatemp.com](mailto:markw@upstatemp.com); [joeg@upstatemp.com](mailto:joeg@upstatemp.com).

\_\_\_\_\_  
 Phone Number to call if further information is required

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.