

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

Non-PHI patient identifier*

Referring Physician

* Examples of PHI: names, medical record number, address, birth date, admission date, exam date, discharge date, and other examples at www.hipaa.com/2009.

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 Helical

Contrast
 With Without

Detector
 Configuration
 How many
 Detectors

X mm
 X mm
 X mm

Pitch

Anatomic
 Superior
 Margin

Yes No

Anatomic
 Inferior
 Margin

Is Uterus in beam?

Yes No

For abdominal,
 list distance from
 uterus to inferior
 scan margin

cm
 cm
 cm

X-Ray Techniques

kVp mAs Seconds per
 mA Rotation

OR

Was the patient known to be pregnant before the exam?

Was the conceptus seen on the image? Yes No

 Name of person completing this form

Initials

I acknowledge that this completed form contains no PHI

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 markw@upstatemp.com or vikas.patel@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.

[Version 3.1, 9-8-2014]

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Phone number to call if further information is required