

Upstate Medical Physics Data Form for Evaluating Fetal Dose for Pregnant Patient Diagnostic X-ray or Fluoroscopic 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 _____

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 Radiographic Exposures

Exam

View

Film Size

Collimation evident or gonadal shield used?
Yes No

Is Uterus in beam?
For abdominal, list distance from uterus to inferior scan margin
Yes No

X-Ray Techniques

kVp mAs SID

of Digital Spots

Is Uterus in beam?
For abdominal, list distance from uterus to inferior scan margin
Yes No

Digital/Spot Techniques

kVp mAs

Fluoro Time

Fluoro Mag Mode

Is Uterus in beam?
For abdominal, list distance from uterus to inferior scan margin
Yes No

Fluoro Techniques

kVp mA

Was the patient known to be pregnant before the exam? Yes No

Was the conceptus seen on the image? Yes No

I acknowledge that this completed form contains no PHI

Initials

Name of Person Completing this Form

____ - ____ - ____

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 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.