

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		Contrast		Detector Configuration		Pitch	Anatomic Superior Margin	Anatomic Inferior Margin	Is Uterus in beam?		X-Ray Techniques				
Axial	Helical	With	Without	How many Detectors					Yes	No	For abdominal, list distance from uterus to inferior scan margin	kVp	mAs	Seconds per mA	Rotation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> X <input type="text"/>	mm	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> X <input type="text"/>	mm	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> X <input type="text"/>	mm	<input type="text"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> cm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 keris@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.

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Phone number to call if further information is required