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? Yes No	For abdominal, list distance from uterus to inferior scan margin	X-Ray Techniques kVp	mAs	SID
☐			☐	☐ ☐	☐ ☐	☐ cm	☐	☐	☐
☐			☐	☐ ☐	☐ ☐	☐ cm	☐	☐	☐
☐			☐	☐ ☐	☐ ☐	☐ cm	☐	☐	☐

# of Digital Spots	Is Uterus in beam? Yes No	For abdominal, list distance from uterus to inferior scan margin	Digital/Spot Techniques kVp	mAs
☐	☐ ☐	☐ cm	☐	☐
☐	☐ ☐	☐ cm	☐	☐

Fluoro Time	Fluoro Mag Mode	Is Uterus in beam? Yes No	For abdominal, list distance from uterus to inferior scan margin	Fluoro Techniques kVp	mA
☐	☐	☐ ☐	☐ cm	☐	☐
☐	☐	☐ ☐	☐ cm	☐	☐

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 ☐

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.

_____ Name of Person Completing this Form

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

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Print Form