

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 _____

XS S M L XL XXL

Height _____ Inches

Weight _____ lbs.

If Fluoro Study:
 Dimensions of Abdomen

AP _____ cm

LAT _____ cm

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

cm

cm

cm

cm

cm

cm

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

Cumulative Air Kerma

cm

mGy

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

 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 fetaldose@upstatemp.com. In order to confirm receipt of this information, you may contact Upstate Medical Physics at 585-924-0350. If you choose to fax this form, our fax number is 585-924-5765.