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

_____ _____
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.

If A/P Study: Dimensions of Abdomen

AP _____ cm

LAT _____ cm

# of CT Slices Axial	# of CT Slices Helical	Contrast With ☐	Contrast Without ☐	Detector Configuration: How many Detectors	Detector Configuration: mm	Pitch	Anatomic Superior Margin	Anatomic Inferior Margin	Is Uterus in beam? Yes ☐	Is Uterus in beam? No ☐	For abdominal, list distance from uterus to inferior scan margin	kVp	X-Ray Techniques: mAs	OR	X-Ray Techniques: mA	X-Ray Techniques: Seconds per Rotation
		☐	☐		X mm				☐	☐	cm					
		☐	☐		X mm				☐	☐	cm					
		☐	☐		X mm				☐	☐	cm					

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

Was the conceptus seen on the image? Yes ☐ No ☐

Any previous exposure to radiation during this pregnancy? Yes ☐ No ☐

_____
Name of person completing this form

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 fetaldose@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 3.6, 3-1-2021]

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Phone number to call if further information is required

Print Form