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 ____________________

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 / C-arm / Portable # ____________________

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? 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	Cumulative Air Kerma
☐	☐	☐	☐	☐ cm	☐	☐	☐ mGy
☐	☐	☐	☐	☐ cm	☐	☐	

	Yes	No
Was the patient known to be pregnant before the exam?	☐	☐
Was the conceptus seen on the image?	☐	☐
Any previous exposure to radiation during this pregnancy?	☐	☐

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, you may 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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Name of Person Completing this Form

☐ - ☐ - ☐

Phone number to call if further information is required

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