

# Upstate Medical Physics Data Form for Evaluating Fetal Dose for Pregnant Patient Nuclear Medicine or PET Examination

In order to estimate the dose to the fetus following the mother's Nuclear Medicine or PET procedure, 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, PC. as soon as possible following the procedure.

## PATIENT and FACILITY INFORMATION (please print clearly)

Facility Name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

RSO name: \_\_\_\_\_ RSO email address: \_\_\_\_\_

Non-PHI\* Patient Identifier: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Examples of Protected Health information (PHI) we cannot accept:: names, medical record number, address, birth date, admission date, exam date, discharge date, and other examples at [www.hipaa.com/2009](http://www.hipaa.com/2009).

*NOTE: Forms containing PHI will be destroyed, and another with non-PHI will be requested.*

## EXAM INFORMATION

Radioisotope (Tc-99m, I-123, F-18, etc.)	Imaging Agent (MIBI, MAA, etc.)	Type of Exam (V/Q, Cardiac Stress/Rest, etc.)	Administered Activity (mCi)

Comments:

1. Was Patient known to be pregnant before the exam? Yes No
2. Estimated date of conception \_\_\_\_\_
3. I acknowledge that this completed form contains no Protected Health Information. Initials: \_\_\_\_\_

Contact name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_

We recommend that you save a copy of this completed form for your records. After saving the completed form please e-mail it to [fetaldose@upstatemp.com](mailto: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.