

### **Shielding Design Information/Assumptions**

Please note that shielding designs will be based on the information provided on this form and any attached references provided by you the client. ALARA Physics Services, LLC will not be held liable for inaccurate information provided. Therefore, please take time to ensure the information on this form and any attached references are complete and accurate before submitting.

#### **Client Information**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

---

#### **X-ray Equipment Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_  
(CT, Mammo, Fluoro, etc.)

Max Kvp: \_\_\_\_\_ Max mA: \_\_\_\_\_ For CT, Attach CTDI and Isodose curves

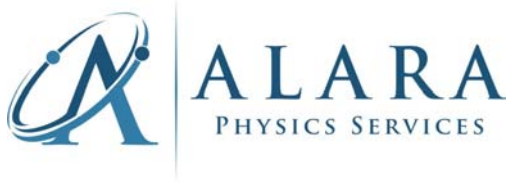
Typical Techniques (kVp/MA) and type of study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# of patients per week: \_\_\_\_\_ # of operating days per week: \_\_\_\_\_



## Site Plans

On a separate piece of paper, please provide the following data:

- Overall Room Dimensions (CAD Drawing or PDF is ideal) including floor to ceiling height.
- Construction material and thickness for any existing walls, ceilings, doors, and floors.
- Unit Location and image receptors for the room, if applicable
- Control Booth Location or Operator barrier
- Dimensions and location of all windows and/or doors
- Identity of adjacent rooms including above and below, if applicable (e.g., lavatory, office, treatment room, etc.)
- For outside areas, distances from outside walls to public areas such as a sidewalk, bench, parking lot, etc.)