

FETAL Dose Calculation Request

Radiographic & Fluoroscopic Examinations

Provide the information requested below for each Radiographic and Fluoroscopic exam. If there are more than 3 procedures, submit both pages. **Items in red are mandatory.** Upon completion of this form:

- 1) Save the file(s) to your computer.
- 2) **Upload** at <https://www.dtcinc.com/dtc-form-uploads.html>.

Also please submit dose reports generated by the Radiographic equipment if available for each of the exams described on form.

(DO NOT) submit the patient's name)

Rad/Fluoro Procedure #4

Rad/Fluoro Procedure #5

Rad/Fluoro Procedure #6

Was the uterus in the primary beam?*

Yes

No

DAP (mGycm²):*

***Mandatory**