DIAGNOSTIC TECHNOLOGY
DTC CONSULTANTS, INC.

5930 Roe Avenue, Suite 201
Mission, Kansas 66205
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Toll Free: 800-753-4DTC (4382)
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statphysics@dtcinc.com
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FETAL Dose Calculation Request
CT Examinations

Provide the information requested below for each Nuclear Medicine 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 Nuclear Medicine equipment for each of the exams described on form.

Institutional Information:

Institution Name: Contact Number:
Contact Person: Fax Number:
Date Contacted:

Patient Information: (DO NOT submit the patient's name)

Medical Record #: Approximate Conception Date:
Patient's Weight: lbs kg Patient's Height: ft in

Equipment Information:

CT Scanner Used (brand, model, etc.): Room #:

Procedure Information: (Total number of procedures)

	CT Procedure #1	CT Procedure #2	CT Procedure #3
Name of Procedure:*			
Date of Procedure:*			
Anatomy Thickness:*			
Anatomical Scan Limits:*			
# of Slices:*			
Was the uterus involved?:*	Yes, # of slices: No	Yes, # of slices: No	Yes, # of slices: No
Detector Configuration:*			
Axial or Helical:*			
Pitch (for Axial):*			
Displayed CTDivol:*			
DLP:*			
Maximum mA:*			
Scan Time/Rotation:*			
mAs or effective mAs:*			
kVp:*			

***Mandatory**

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Patient's Weight: lbs kg Patient's Height: ft in

Equipment Information:

CT Scanner Used (brand, model, etc.): Room #:

Procedure Information: (Total number of procedures)

	CT Procedure #4	CT Procedure #5	CT Procedure #6
Name of Procedure:*			
Date of Procedure:*			
Anatomy Thickness:*			
Anatomical Scan Limits:*			
# of Slices:*			
Was the uterus involved?:*	Yes, # of slices: No	Yes, # of slices: No	Yes, # of slices: No
Detector Configuration:*			
Axial or Helical:*			
Pitch (for Axial):*			
Displayed CTDivol:*. DLP:*			
Maximum mA:*			
Scan Time/Rotation:*			
mAs or effective mAs:*			
kVp:*			

***Mandatory**