

## PATIENT 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:

Contact Email:

Date Contacted:

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

Medical Record #:

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:\*

Detector Configuration:\*

Axial or Helical:\*

Pitch (for Axial):\*

Displayed CT DIvol:\*

DLP:\*

Maximum mA:\*

Scan Time/Rotation:\*

mAs or effective mAs:\*

kVp:\*

**\*Mandatory**

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## 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:\*

Detector Configuration:\*

Axial or Helical:\*

Pitch (for Axial):\*

Displayed CT Divergence:\*

DLP:\*

Maximum mA:\*

Scan Time/Rotation:\*

mAs or effective mAs:\*

kVp:\*

**\*Mandatory**