

**PATIENT 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.

Institutional Information:

Institution Name:

Contact Number:

Contact Person:

Fax Number:

Date Contacted:

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

Medical Record #:

Patient's Weight:

lbs

kg

Patient's Height:

ft

in

Procedure Information: (Total number of procedures)

	Rad/Fluoro Procedure #1	Rad/Fluoro Procedure #2	Rad/Fluoro Procedure #3
Name of Procedure:*			
Date of Procedure:*			
Room#/Portable#:			
Anatomy Thickness:*			
Orientation (AP, PA, Lat):*			
Fluoro time (min):*			
# Digital Runs:*			
Frames / sec:*			
Total # Frames:*			
mAs:*			
kVp:*			
Total Air Kerma (mGy):*			
DAP (mGycm ²):*			
RADIOGRAPHIC			
# and Sizes of Views:*			
mAs:*			
kVp:*			
*Mandatory			

**PATIENT 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.

Institutional Information:

Institution Name:

Contact Number:

Contact Person:

Fax Number:

Date Contacted:

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

Medical Record #:

Patient's Weight:

lbs

kg

Patient's Height:

ft

in

Procedure Information: (Total number of procedures)

	Rad/Fluoro Procedure #4	Rad/Fluoro Procedure #5	Rad/Fluoro Procedure #6
Name of Procedure:*			
Date of Procedure:*			
Room#/Portable#:			
Anatomy Thickness:*			
Orientation (AP, PA, Lat):*			
Fluoro time (min):*			
# Digital Runs:*			
Frames / sec:*			
Total # Frames:*			
mAs:*			
kVp:*			
Total Air Kerma (mGy):*			
DAP (mGycm ²):*			
RADIOGRAPHIC			
# and Sizes of Views:*			
mAs:*			
kVp:*			
*Mandatory			