DIAGNOSTIC TECHNOLOGY DTC CONSULTANTS, INC.
5930 Roe Avenue, Suite 201
Mission, Kansas 66205
913-236-6000 (Direct Line)
Toll Free: 800-753-4DTC (4382)
913-236-6655 (FAX)
statphysics@dtcinc.com
www.dtcinc.com

PATIENT Dose Calculation Request
NUCLEAR MEDICINE EXAMINATIONS

Provide the information requested below for each Nuclear Medicine exam; if more than 3 procedures, complete and submit additional forms as needed. Upon completion of this form, save the file(s) and **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 #:

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

Equipment Information:

Nuclear Medicine Equipment Used (brand, model, etc.):

Procedure Information: (Total number of procedures)

	Nuclear Medicine Exam #1	Nuclear Medicine Exam #2	Nuclear Medicine Exam #3
Name of Procedure:*			
Date of Procedure:*			
Radiopharmaceutical:*			
Dose:*			
Additional Information:*			

*Mandatory