

Fax to U.C.I 440-327-6280

**Information Needed for a Fetal Dose Calculation**

1. Patient name
2. Date of Birth
3. Social Security Number or Medical Record Number
4. Last menstrual period
5. Date of procedure
6. Number of views/type of x-rays done
7. KVp, times

**For CT Fetal Dose Calculation – In addition to the above:**

Clinical Procedure: Head \_\_\_\_\_

Abdm/Pelvix \_\_\_\_\_ 1 or 2 procedures: \_\_\_\_\_

mA \_\_\_\_\_

Sec \_\_\_\_\_

FOV: \_\_\_\_\_ cm

Slice Thickness \_\_\_\_\_ cm

Slice Gap \_\_\_\_\_ cm

Verification (Manufacturer/Model) which CT Unit was used for exam.