

## *Request for CT Effective Dose Calculation by Medical Physicist*

Please complete the questionnaire below with *all* requested information for each CT scan performed so that we may prepare an accurate effective dose estimation.

<i>Facility Information</i>			
Facility Name:			
Name of person requesting Dose Estimate:			
Name of person to receive Dose Estimate (if different):			
Phone Number:		Fax Number:	
<input type="checkbox"/> Please email Dose letter to:			

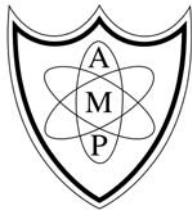
<i>Patient and Exam Information</i>	
Patient MRN:	
Exam type (Head, chest, abdomen, pelvis, etc):	
Date(s) of CT scan(s):	
Body Habitus:	<input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S
Comments:	

<i>CT Scanner Information</i>	
Scanner Make and Model:	
Scanner location (i.e. Room Number, Imaging Center, etc):	

<i>Scan Technique</i>			
kVp:	___	mA:	___ <input type="checkbox"/> with Smart Beam
		Exposure time/rotation:	___ sec
Slice Thickness(h):	___ mm	Detector Configuration( i.e.1.25x8):	
<input type="checkbox"/> For Axial Scanners: Table feed between slices (TF):			
<input type="checkbox"/> For Helical single-slice Scanners:	Table Feed per 360° rotation (TF <sub>H</sub> ):		
	Pitch (TF <sub>H</sub> /h):		
	# Slice acquired simultaneously (N):		
<input type="checkbox"/> For Helical multi-slice Scanners:	Pitch Volume (TF <sub>H</sub> /hN):		
Comments:			

<i>Scan Mode and Range</i>		
<b>Scan Mode</b>	<b>Scan Range</b>	
Contrast:	<input type="checkbox"/> With Only <input type="checkbox"/> Without Only <input type="checkbox"/> With & Without	
<input type="checkbox"/> Axial	Total number of slices per series:	
<input type="checkbox"/> Helical (single & multi-slice)	Total scan length per series:	
	Total number of rotations per series:	
Additional Comments:		

*Return this completed form and requested information to:*



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