DIAGNOSTIC TECHNOLOGY CONSULTANTS, INC.
DTC
5930 Roe Avenue, Suite 201
Mission, Kansas 66205
913-236-6000 (Direct Line)
Toll Free: 800-753-4DTC (4382)
thull@dtcinc.com
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FETAL Dose Calculation Request
Nuclear Medicine 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://dtcinc.com/form-upload-1.

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 #: Approximate Conception Date:

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

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Medical Record #: Approximate Conception Date:

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 #4	Nuclear Medicine Exam #5	Nuclear Medicine Exam #6
Name of Procedure:*			
Date of Procedure:*			
Radiopharmaceutical:*			
Dose:*			
Additional Information:*			

*Mandatory