**Radiation Exposure Form for Skin Dose Calculation and Reporting**

Patient Name (abbreviated): SS#(Last four digits)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Date: Accession No: Approx. Pt. Wt.: \_\_\_\_\_\_

Procedure Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prim. Physician: Fellow: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure Room: NIR IR CC Fluoro mode \_\_\_\_Dual \_\_\_\_\_Single

**Previous Radiation Dose Information**

Previous Fluoro Procedures in Past 9 Months: Yes No Unknown (If “Yes”, describe below)

Previous Fluoro Procedure(s) Description/Dose/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Radiation Dose Metrics from Current Procedure (Include All Available Information)**

|  |  |
| --- | --- |
| **Cumulative Air KERMA →** | **mGy** |
| **Kerma-Area-Product (PKA) →** | **µGym2** |
| **Total Fluoro Time (FT) →** | **min.** |
| **>3,000 mGy, was patient informed of possible skin effects?** | **Yes No** |

**Name and Title of Individual Completing This Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_ \_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important: A copy of this completed form must be forwarded to the Radiation Safety**

**Officer if the Cumulative Air KERMA exceeds 5000 mGy: Stephen.Fong@va.gov**