

Patient card imprint below  
or print patient's name,  
MRN#, and date of birth

**RETURN WITHIN 24 HRS**

**Boston University Medical Campus  
Office Medical Physics & Rad Safety**  
Evans Basement, 80 E. Concord St.  
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**REPORT – 2 Gy (200 rad) FLUOROSCOPY TRIGGER DOSE LEVEL EXCEEDED**

(FAX completed form to Medical Physics at 8-7509)

**Complete this form whenever:**

1. The cumulative air kerma, AK, display exceeds 2,000 mGy (1 Gy), or for Cardiac Cath Lab #3 without an AK display, the "dose-area-product", DAP, exceeds 140,000 mGy-cm<sup>2</sup> (1400 Gy-cm<sup>2</sup>).
2. If the air kerma exceeds 5,000 mGy (5 Gy), or DAP > 350,000 mGy-cm<sup>2</sup> for Cardiac Cath Lab #3, the patient must receive the follow-up instruction form (signed by the physician) to perform a self-examination after their release for potential skin radiation injuries.

<b>I. Procedure:</b> <u>Cerebral ang.ogram/embolization</u>		Date of Procedure: _____
Campus: <u>ENC / Menino</u>	Dept / Lab <u>Radiology</u>	Room / Lab No. <u>Menino / ENC</u>

<b>II. Fluoroscopy Data</b>	
a. For units with a patient air kerma display, enter the cumulative air kerma, AK, and/or dose-area product, DAP, values. <i>Circle appropriate DAP units.</i>	AK: _____ mGy (10 mGy = 1 rad) DAP: _____ mGy-cm <sup>2</sup> cGy-cm <sup>2</sup> Gy-cm <sup>2</sup> μGy-m <sup>2</sup>
b. Enter total fluoro exposure time.	Fluoro : _____ min
c. Circle "record" mode used:    Cine    DA    DSA	No. of runs: _____ # Images: _____ Fr/s: _____

<b>III. Submitted by (Print &amp; Initial)</b> <u>NGUYEN / MASOUD / NDKRASH</u> Date _____
<b>Physician(s) (Print &amp; Initial)</b> <u>NGUYEN / MASOUD / NDKRASH</u> <b>REQUIRED</b>

<b>IV. Medical Physics review by</b> _____      Patient follow-up required?    YES    NO
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