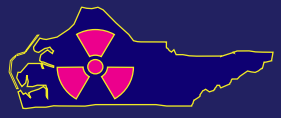
Name _____ **Phone** _____

Date	Facility Name, Phone#, City, State	Diagnostic Test	Number of Exposures

X-ray Exposure Tracking Card



North Carolina Department of Health and Human Services
Division of Health Service Regulation (DHSR)
Radiation Protection Service

NORTH CAROLINA
RADIATION PROTECTION

State of North Carolina
Department of Health and Human Services
Division of Health Service Regulation (DHSR)
Radiation Protection Service
www.ncradiation.net and **www.ncdhhs.gov**

N.C. DHHS is an equal opportunity employer and provider 02/2012

X-ray Exposure Tracking Card

Name **Phone**

Instruction: This card is intended to help you track your estimated exposure to radiation from x-rays and to keep a record that may help your healthcare provider in identifying and acquiring previous studies that could be useful. Please refer to www.ncradiation.net to learn more about dose card values.

Name _____ **Phone** _____

Date	Facility Name, Phone#, City, State	Diagnostic Test	Number of Exposures

Name _____ **Phone** _____

Date	Facility Name, Phone#, City, State	Diagnostic Test	Number of Exposures

Name _____ **Phone** _____

Date	Facility Name, Phone#, City, State	Diagnostic Test	Number of Exposures