



# Medical Imaging Record

Date	Type of Test			Detail of Test	Hospital/Imaging Center Name	Doctor Name	Radiation Dose
	X-Ray	CT	PET				
							Amount of radiation received (in mSv)

**Questions to ask your doctor:**

- Why do I need this test (CT scan, x-ray, etc.)?
- Are there any alternatives to this test that don't involve radiation?
- Can we use the results from a previous test instead of performing another test?

**If a test is necessary:**

Ask about receiving the lowest radiation dose possible

**After the test:**

Ask for a copy of your scan and request the radiation dose for your records