PATIENT DOSE ESTIMATE

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| --- | --- | --- | --- |
| Patient DOB | 1/1/1990 | Hospital | YYF |
| Sex | Female | Reported to | Mrs Test |
| Type | X-ray | Date | 2/2/2017 |
| Patient ID | Z654321 |

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| --- | --- |
| Overexposure factor | 0.9 |
| Reportable | N |