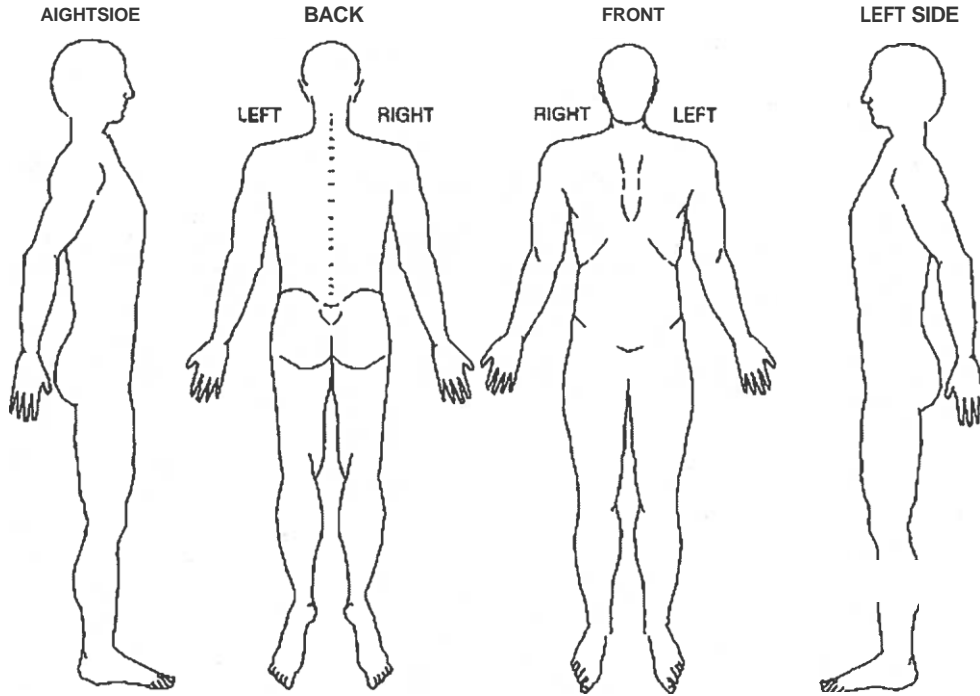


Date of Procedure: _____

As a result of your medical procedure which required the use of fluoroscopy (the study of moving body structures using X-ray), you received a high radiation dose to parts of your skin. Thus, it is important that you (or a family member or friend) look over your skin over the next four weeks for possible skin reactions. This reaction may include reddened skin, blisters, rash, or hair loss. Although such reactions are rare and are not life-threatening, their effects can be lessened with proper care. The circled areas in the chart below are where these conditions are most likely to occur. If you see any of these conditions, please contact the department at _____ for more information.



I have been instructed and understand the above.

Patient Signature

Date

Time

Discharge Instructions given by:

Print Name Signature

Date

Time

**POST-PROCEDURE PATIENT DISCHARGE INSTRUCTIONS
FOR A SUBSTANTIAL RADIATION DOSE LEVEL**

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