

REDUCING X-RAY EXPOSURE

Reduce the Risk, Keep the Benefit



**County of Los Angeles
Department of Public Health
Environmental Health
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www.publichealth.lacounty.gov/eh/EP/rad_health
www.cdph.ca.gov/rhb

More information about dose reduction can be found at:

American College of Radiology www.acr.org
Conference of Radiation Control Program Directors www.crcpd.org
American Registry of Radiologic Technologists www.arrt.org
Impact CT Scanner Evaluation Group www.impactscan.org
American Society of Radiologic Technologists www.asrt.org
Image Gently www.imagegently.org
American Association of Physicists in Medicine www.aapm.org
Federal Drug Administration www.fda.org
California Department of Public Health www.cdph.ca.gov/rhb

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Tips to reduce your exposure to X-Ray radiation.

ASK YOUR DOCTOR:

- If this is the right test to obtain the diagnosis.
- If there are other exams, such as a MRI or an ultrasound, that will provide the information needed without the use of X-rays.
- What preparations needed for your X-ray exam. Be sure to follow instructions, so the test does not have to be repeated.

ASK YOUR X-RAY TECHNOLOGIST:

- To make sure the exam ordered is the same exam that is written on the prescription.
- To make sure the exam is for the correct side, i.e. left leg or right arm.
- To make sure the X-ray field only covers the area of interest - this is called "close collimation."
- To provide protective shielding for your reproductive organs if you have not passed the reproductive age.
- To thoroughly explain the exam and repeat any misunderstood directions.

DO YOUR PART:

- Let the X-ray facility staff know if you are pregnant or think you may be.
- Follow the X-ray technician's directions as closely as possible, example holding your breath or not moving during the exam.
- Keep a record of your X-ray exams for yourself and for your family. List the date, type of exam, reason for the exam, and address of the facility where the exam is performed.

X-RAY EXAMINATIONS RECEIVED:

Date: _____

Type of Exam: _____

Reason for Exam: _____

Doctor who ordered: _____

Where exam was performed: _____

Date: _____

Type of Exam: _____

Reason for Exam: _____

Doctor who ordered: _____

Where exam was performed: _____

Date: _____

Type of Exam: _____

Reason for Exam: _____

Doctor who ordered: _____

Where exam was performed: _____

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