Fluoroscopy Times

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Unit or Equipment ID: _____ **Procedure or Limits Reference:** _____

Record the procedure and total fluoroscopy time. Use form 45 for required dose indices and follow-up.

Date	Patient Name or ID	Examination or Procedure	Fluoro Time Min : Sec	Operator

Fluoroscopy Times

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____