Patient X-Ray or Scan Log

FORM 08

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

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

Use the patient identifier required by applicable rules and policy. Record exam details; use 01/45 for fluoro or dose.

Date	Patient Name or ID	Examination or Procedure	Operator

Patient X-Ray or Scan Log

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): _____