Patient Dose & Follow-Up

FORM 45

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

Modality or Equipment: _____ **Dose Trigger or Follow-Up Procedure:** _____

Name each dose index and its units. Use additional rows or attach the dose report; document required clinical follow-up.

Date or Patient Name or ID	Exam or Protocol or Unit ID	Dose Index Name or Value or Units	Reference Level or Trigger Exceeded?	Review or Action or Follow-Up Reference	Operator or Reviewer

Patient Dose & Follow-Up

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): _____