

## NAI SKELETAL SURVEY RADIOGRAPHER IMAGING RECORD

Patient Details (Label)		Date	Time Commenced	Time Finished			
Clinical History (From request card)							
	Name	Position	Code/ID	Signature			
Radiographer							
Radiographer							
Staff							
Other Persons Present							
Images Taken  (if already performed separately, document date/time)	Exposure		Immobilisation			Markers	
	kVp	mAs	Foam Pads	Perspex Ruler	Held	Annotated During Processing	Checked Radiographer signatures and date
AP Skull							
Lateral Skull							
Chest							
Left Oblique Ribs							
Right Oblique Ribs							
Abdomen/Pelvis							
Lateral Whole Spine							
AP Left Humerus							
AP Left Radius/Ulna							
DP Left Hand							
AP Right Humerus							
AP Right Radius/Ulna							
DP Right Hand							
AP Left Femur							
AP Left Tibia/Fibula							
DP Left Foot							
AP Right Femur							
AP Right Tibia/Fibula							
DP Right Foot							
Reporting Radiologist/Radiographer		Patient's ID Checked		Dose		No. of Films in Final Survey	