

APPENDIX A

SUSPECTED NAI/SIDS/SUDI SKELETAL SURVEY IMAGING RECORD

<p>Hospital/RIS Label</p>

Hospital

Patient Name.....

DoB.....HN.....

Date.....

RCR Standard Skeletal Survey	Exposure Factors	Dose
SKULL	AP	
	LAT	
	FO30/TOWNES	
CHEST/RIBS	AP	
	RPO	
	LPO	
ABDO/PELVIS	AP	
FEMORA	AP	
KNEES	AP	
BOTH TIB&FIB	AP	
FEET	DP	
HUMERI	AP	
BOTH FOREARMS	AP	
HANDS	PA/AP	
WHOLE SPINE	LAT	
ADDITIONAL PROJECTIONS		
TOTAL NUMBER OF IMAGES		

The following radiographers have obtained the above projections:-

1st radiographer2nd radiographer

The images have been checked with the following radiologist/radiographer:-

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Witnessed by.....

Comments.....