

BONE MINERAL DENSITOMETRY –IMAGE REVIEW SHEET

For each criteria item place a: Check Mark to indicate YES/ "X" to indicate No/ N/A to indicate Not Applicable

Facility Name/IHF No. _____

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient Identifier (Exam #, Patient Initials)					
Examination Date					
Examination Clinically Indicated					
Final report include: Deformities if present					
Absolute bone density values					
"T" score					
Relative fracture risk					
Significance of change from previous & baseline					
Recommendations for further assessment (if applicable)					
Record interpreting physician/technologist (initials)					
Image Quality – Diagnostic/Non-diagnostic					
Does the report meet the current guidelines					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

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For each criteria item place a: Check Mark to indicate YES/ "X" to indicate No/ N/A to indicate Not Applicable

Facility Name/IHF No. _____

	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10
Patient Identifier (Exam #, Patient Initials)					
Examination Date					
Examination Clinically Indicated					
Final report include: Deformities if present					
Absolute bone density values					
"T" score					
Relative fracture risk					
Significance of change from previous & baseline					
Recommendations for further assessment (if applicable)					
Record interpreting physician/technologist (initials)					
Image Quality – Diagnostic/Non-diagnostic					

Comments:

Patient 6
Patient 7
Patient 8
Patient 9
Patient 10

BONE MINERAL DENSITOMETRY –IMAGE REVIEW SHEET

For each criteria item place a: Check Mark to indicate YES/ "X" to indicate No/ N/A to indicate Not Applicable

Facility Name/IHF No. _____

	Patient 11	Patient 12	Patient 13	Patient 14	Patient 15
Patient Identifier (Exam #, Patient Initials)					
Examination Date					
Examination Clinically Indicated					
Final report include: Deformities if present					
Absolute bone density values					
"T" score					
Relative fracture risk					
Significance of change from previous & baseline					
Recommendations for further assessment (if applicable)					
Record interpreting physician/technologist (initials)					
Image Quality – Diagnostic/Non-diagnostic					

Comments:

Patient 11
Patient 12
Patient 13
Patient 14
Patient 15