

FLUOROSCOPY IMAGE REVIEW SHEET (15 images in total, not 15 of each procedure)

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)					
Record examination Type (Pharynx & Esophagus/BE/ Small bowels, Upper GI, other)					
Examination Date					
Examination Clinically Indicated					
Is the radiologist/technologist who performed the exam recorded?					
Is the fluoroscopic time and dosage recorded?					
Is the examination being performed according to the CAR guidelines?					
Physician Interpretation Complete as per CPP's					
Record interpreting physician/technologist initials					
Image Quality – Diagnostic/Non-diagnostic					

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)					
Record examination Type (Pharynx & Esophagus/Gastro/Small bowels, Upper GI, other)					
Examination Date					
Examination Clinically Indicated					
Is the radiologist/technologist who performed the exam recorded?					
Is the fluoroscopic time and dosage recorded?					
Is the examination being performed according to the CAR guidelines?					
Physician Interpretation Complete as per CPP's					
Record interpreting physician/technologist initials					
Image Quality – Diagnostic/Non-diagnostic					

Comments:

Patient 6
Patient 7
Patient 8
Patient 9
Patient 10

FLUOROSCOPY IMAGE REVIEW SHEET (15 images in total, not 15 of each procedure)

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 Type (Pharynx & Esophagus/Gastro/Small bowels, Upper GI, other)					
Examination Date					
Examination Clinically Indicated					
Is the radiologist/technologist who performed the exam recorded?					
Is the fluoroscopic time and dosage recorded?					
Is the examination being performed according to the CAR guidelines?					
Physician Interpretation Complete as per CPP's					
Record interpreting physician/technologist initials					
Image Quality – Diagnostic/Non-diagnostic					

Comments:

Patient 11
Patient 12
Patient 13
Patient 14
Patient 15