

MAMMOGRAPHY – 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 Type (Screening/Diagnostic)					
Examination Clinically Indicated					
Is the mammogram correlated with known physical findings?					
Physician Interpretation Complete as per CPP's					
Record interpreting physician/technologist initials					
Film 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)					
Examination Date					
Examination Type (Screening/Diagnostic)					
Examination Clinically Indicated					
Is the mammogram correlated with known physical findings?					
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

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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 11	Patient 12	Patient 13	Patient 14	Patient 15
Patient Identifier (Exam #, Patient Initials)					
Examination Date					
Examination Type (Screening/Diagnostic)					
Examination Clinically Indicated					
Is the mammogram correlated with known physical findings?					
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