# UPPER EXTREMITY

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THORACIC CONTENTS									
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# THORACIC BONES

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<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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# VERTEBRAL COLUMN

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# VERTEBRAL COLUMN

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# **ABDOMEN**

DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	<u>PATIENT</u>	EXAM	<u>OPA</u>
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### **ABDOMEN**

DATE	<u>PATIENT</u>	EXAM	OPA	DATE	PATIENT	<u>EXAM</u>	<u>OPA</u>
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# UPPER GASTROINTESTINAL

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#### **SMALL INTESTINES**

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	IAILI	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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# **BILIARY SYSTEM**

DATE	DATELENTE	BILIAK			DATELLA	EXAL	ODA
DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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# GENITOURINARY SYSTEM

		GENITOURI					27.
DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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# **CRANIUM**

DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

### **FACIAL BONES**

DATE	DATIENT	FACIA			DATIENT	EVAM	ODA
<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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<u>DATE</u>	<u>PATIENT</u>	EXAM	<u>OPA</u>	DATE	PATIENT	<u>EXAM</u>	<u>OPA</u>

# **PORTABLE**

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### **OPERATING ROOM**

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# SPECIAL PROCEDURES

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# NUCLEAR MEDICINE

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### SONOGRAPHY

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# RADIATION THERAPY

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DATE	<u>PATIENT</u>	EXAM	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>

# COMPUTERIZED TOMOGRAPHY

DATE	PATIENT	EXAM	OPA	DATE		<u>EXAM</u>	OPA
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### MAGNETIC RESONANCE

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# **OTHERS**

i-	OTHERS									
DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	<u>DATE</u>	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>			
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# SIMULATED EVALUATION(S)

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DATE	<u>PATIENT</u>	EXAM	<u>OPA</u>	DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>
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**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education I Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From
				Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education I Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	
UPPER EXTREMITY				Day One
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education II Rotation I

AREA	Rotation Rotation	Total From	Total Alone	Total Alone
ANLA	Total	Day One	This Rotation	
UPPER EXTREMITY				•
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
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UPPER GASTROINTESTINAL				
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FACIAL BONES				
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OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education II Rotation II

AREA	Rotation II Rotation	Total From	Total Alone	Total Alone
	Total	Day One	This Rotation	
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education III Rotation I

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
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BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education III Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS TOTALS				
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**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education IV Rotation I

INTERVAL IN PROGRAM: Clinical Education IV Rotation I					
AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One	
UPPER EXTREMITY					
LOWER EXTREMITY					
THORACIC CONTENTS					
THORACIC BONES					
VERTEBRAL COLUMN					
ABDOMEN					
UPPER GASTROINTESTINAL					
SMALL INTESTINES					
COLON					
BILIARY SYSTEM					
GENITOURINARY SYSTEM					
CRANIUM					
FACIAL BONES					
PARANASAL SINUS					
OTHER SKULLS					
MOBILE					
OPERATING ROOM					
SPECIAL PROCEDURES					
NUCLEAR MEDICINE					
SONOGRAPHY					
RADIATION THERAPY					
COMPUTERIZED TOMOGRAPHY					
MAGNETIC RESONANCE					
OTHERS					
TOTALS					

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education IV Rotation II

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
UPPER EXTREMITY				,
LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
SMALL INTESTINES				
COLON				
BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS		CLINICAL EVDED		

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education V Rotation I

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AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One		
UPPER EXTREMITY				-		
LOWER EXTREMITY						
THORACIC CONTENTS						
THORACIC BONES						
VERTEBRAL COLUMN						
ABDOMEN						
UPPER GASTROINTESTINAL						
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BILIARY SYSTEM						
GENITOURINARY SYSTEM						
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FACIAL BONES						
PARANASAL SINUS						
OTHER SKULLS						
MOBILE						
OPERATING ROOM						
SPECIAL PROCEDURES						
NUCLEAR MEDICINE						
SONOGRAPHY						
RADIATION THERAPY						
COMPUTERIZED TOMOGRAPHY						
MAGNETIC RESONANCE						
OTHERS						
TOTALS						

**REVIEWER:** 

INTERVAL IN PROGRAM: Clinical Education V Rotation II

INTERVAL IN PROGRAM: Clinical Education V Rotation II					
AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One	
UPPER EXTREMITY				•	
LOWER EXTREMITY					
THORACIC CONTENTS					
THORACIC BONES					
VERTEBRAL COLUMN					
ABDOMEN					
UPPER GASTROINTESTINAL					
SMALL INTESTINES					
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BILIARY SYSTEM					
GENITOURINARY SYSTEM					
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FACIAL BONES					
PARANASAL SINUS					
OTHER SKULLS					
MOBILE					
OPERATING ROOM					
SPECIAL PROCEDURES					
NUCLEAR MEDICINE					
SONOGRAPHY					
RADIATION THERAPY					
COMPUTERIZED TOMOGRAPHY					
MAGNETIC RESONANCE					
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**REVIEWER:** 

INTERVAL IN PROGRAM: EXTR A COPY IF NEEDED. Please indicate the Interval.

UPPER EXTREMITY  LOWER EXTREMITY  THORACIC CONTENTS  THORACIC BONES  VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM	Total	Day One	This Rotation	From Day One
LOWER EXTREMITY  THORACIC CONTENTS  THORACIC BONES  VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				Day One
LOWER EXTREMITY  THORACIC CONTENTS  THORACIC BONES  VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				
THORACIC CONTENTS  THORACIC BONES  VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				
THORACIC BONES  VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				
VERTEBRAL COLUMN  ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				
ABDOMEN  UPPER GASTROINTESTINAL  SMALL INTESTINES  COLON  BILIARY SYSTEM				
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**REVIEWER:** 

INTERVAL IN PROGRAM: EXTR A COPY IF NEEDED. Please indicate the Interval.

AREA	Rotation Total	Total From Day One	Total Alone This Rotation	Total Alone From Day One
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LOWER EXTREMITY				
THORACIC CONTENTS				
THORACIC BONES				
VERTEBRAL COLUMN				
ABDOMEN				
UPPER GASTROINTESTINAL				
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BILIARY SYSTEM				
GENITOURINARY SYSTEM				
CRANIUM				
FACIAL BONES				
PARANASAL SINUS				
OTHER SKULLS				
MOBILE				
OPERATING ROOM				
SPECIAL PROCEDURES				
NUCLEAR MEDICINE				
SONOGRAPHY				
RADIATION THERAPY				
COMPUTERIZED TOMOGRAPHY				
MAGNETIC RESONANCE				
OTHERS				
TOTALS				

# **AUSTIN PEAY STATE UNIVERSITY**

# RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

NAME\_\_\_\_\_

Patient	Date	Type & # of repeat(s)	Facility	RT Signature
<u>.                                    </u>				

# **AUSTIN PEAY STATE UNIVERSITY**

# RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)

NAME\_\_\_\_\_

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Patient	Date Type & # of repeat(s)		Facility	RT Signature	

DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	PATIENT	<u>EXAM</u>	<u>OPA</u>
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DATE	<u>PATIENT</u>	<u>EXAM</u>	<u>OPA</u>	DATE	PATIENT	<u>EXAM</u>	<u>OPA</u>