
Fluoro OR Technologist Worksheet

St Vincents Riverside Southside Clay St Johns

Complete if no patient sticker.

Patient Sticker

Patient Name:

MMI:

DOB:

Procedure Performed:

Surgeon/Physician:

Fluoroscopy:

Fluoroscopy Time

Number of Images

Also complete one of the following measures (including units):

Dose Area Product

Refence Air Kerma

Peak Skin Dose

O-Arm CT:

DLP

mGy*cm

mGy*cm

Or CDTI (if DLP is not available)

mGy

mGy

Contrast: *(if applicable)*

mL Omni 300 Omni 240 Omni 350 Visi 320 Gastroview Gastrograffin

Tech Notes:

Technologist's Name & Time:
