Fluoro OR Technologist Worksheet

St Vincents Riverside Southside Clay St Johns

Patient Sticker

Patient Name: _____

MMI: _____ DOB: _____

Only complete if no patient sticker.

Procedure Performed: _____

Surgeon/Physician: _____

FLUOROSCOPY:

Fluoro Time	Number Images	DAP / Kerma	mGym2	mGycm2	µGym2
			µGycm2	Gycm2	radcm2
			mrad	mGy	

O-ARM CT: *(if applicable)*

DLP		CTDI *(only if no DLP)*
_____ mGycm	or	_____ mGy
_____ mGycm		_____ mGy
_____ mGycm		_____ mGy

CONTRAST: *(if applicable)*

mL Omni 300 Omni 240 Omni 350 Visi 320 Gastroview Gastrografin

Tech Notes: _____

Technologist's Name & Time: _____