

Image Quality Form

Circle or check facility:

- SHS-Mill Creek SHS- Redmond SHS-First Hill TEC
 SOC OPA M&J Qliance Boeing SeaRad

Accession Number: _____

Was the exam read? Yes No

Does the image/exam need to be repeated? Yes No

Circle or check the following QC issues:

- Incorrectly Marked Poor Positioning
 No Patient history Artifact/Motion
 Priors Not on PACS Poor Technique
 Other - Please Explain –

Comments: _____

Radiologist Name: _____

Lower Portion to be filled out by lead

Date of Exam: _____ Type of Exam: _____

Name of Performing Technologist: _____

Was the Performing Technologist Contacted? Yes No

Comments: _____
