CLINICAL DEMONSTRATION CHECKLIST

CHEST

Name_____
Instructor_____
Date_____

	Patient Positioning	Film Position Orientation	CR	Sign Off
Chest (required):				
PA Upright	_____	_____	_____	_____
Lateral Upright	_____	_____	_____	_____
AP Apical Lord.	_____	_____	_____	_____
Chest (recommended):				
AP Supine	_____	_____	_____	_____
AP Upright	_____	_____	_____	_____
Lateral Decubitus	_____	_____	_____	_____
Chest (suggested):				
RAO/LAO	_____	_____	_____	_____
RPO/LPO	_____	_____	_____	_____

REQUIRED = 3 ELECTIVE = 3 TOTAL = 6 views