

CLINICAL DEMONSTRATION CHECKLIST
HEAD (Skull & Sinus)

Name _____
 Instructor _____
 Date _____

	Patient Positioning	Film Position Orientation	CR	Sign Off
Skull: (required)				
PA Caldwell	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
Skull: (recommended)				
PA	_____	_____	_____	_____
AP Axial (Towne)	_____	_____	_____	_____
Submentovertical	_____	_____	_____	_____
Skull: (suggested)				
Verticosubmental	_____	_____	_____	_____
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Facial Bones: (required)				
PA Caldwell	_____	_____	_____	_____
Parietoacanthial (Waters)	_____	_____	_____	_____
Lateral	_____	_____	_____	_____
Facial Bones: (recommended)				
Facial Bones: (suggested)				
PA (modified Waters)	_____	_____	_____	_____
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Mandible: (required)				
PA Caldwell	_____	_____	_____	_____
Mandible: (recommended)				
AP Axial (Towne)	_____	_____	_____	_____
Semilateral	_____	_____	_____	_____
Mandible: (suggested)				
_____	_____	_____	_____	_____

Zygomatic Arches: (required)

Parietoacanthial
(Waters) _____

Zygomatic Arches: (recommended)
Submentovertical _____

Zygomatic Arches: (suggested)
Verticosubmental _____

Nasal Bones: (required)

PA Caldwell _____

Parietoacanthial
(Waters) _____

Laterals _____

Nasal Bones: (recommended)

Nasal Bones: (suggested)

Orbits: (required)

PA Caldwell _____

Parietoacanthial
(Waters) _____

Lateral _____

Orbits: (recommended)

Orbits: (suggested)
Rhese (oblique) _____

Paranasal Sinuses: (required)

PA Caldwell _____

Parietoacanthial
(Waters) _____

Lateral _____

Paranasal Sinuses: (recommended)
Submentovertical _____

Paranasal Sinuses: (suggested)
Open Mouth Waters _____

REQUIRED = 3 ELECTIVE = 3 TOTAL = 6 views