*Name:*
*Rotation Date:*
*Rotations: Make Up Day/Days*

# ***MEDICAL STUDENT LOG BOOK (DEPT. OF RADIOLOGY)***

| **Reading Room** | **Date** | **Attending Name (Print)** | *Attending Signature* | **Resident Name (Print)** | *Resident Signature* |
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| COMMENTS: | | | | | |

**Director Name (Print)** **Signature:**

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