*Name:*
*Rotation Date:*
*Rotations:*

# *PROCEDURE LOG (BY AREA/SPECIALTY)*

| Procedure | Additional Info (circle or add) | Date/Time | Resident/ Attending | Notes |
|---|---|---|---|---|
| ***FLUOROSCOPY*** | | | | |
| Upper GI | Peds or Adult | | | |
| Barium Enema | Peds or Adult | | | |
| Swallow Study | Peds or Adult | | | |
| Other fluoro (specify) | | | | |
| ***INTERVENTIONAL RADIOLOGY (IR)*** | | | | |
| Angiogram (specify body (site), cerebral, stent placement, etc.) | | | | |
| Biopsy or Drain Placement (not exchange) | Biopsy<br>Drain | | | |
| Other (specify) | | | | |
| ***NEURORADIOLOGY*** | | | | |
| CT head | | | | |
| MR brain | | | | |
| MR (or CT) spine | | | | |
| Other (specify) | | | | |
| ***NUCLEAR MEDICINE*** | | | | |
| Bone scan | | | | |
| Myocardial Perfusion | | | | |
| PET/CT | | | | |
| Other (specify) | | | | |
| ***CHEST*** | | | | |
| PA and lateral CXR | | | | |
| Portable CXR | | | | |
| Chest CT | | | | |
| Other (specify) | | | | |
| ***BODY/ABDOMEN*** | | | | |
| CT abdomen/pelvis with IV contrast | | | | |
| CT abdomen/pelvis without IV contrast | | | | |
| Abdominal MR | | | | |
| Other (specify) | | | | |
| ***EMERGENCY RADIOLOGY*** | | | | |
| Abdominal radiograph | | | | |
| C spine radiographs | | | | |
| Trauma CT C/A/P | | | | |
| Trauma CT Head* | | | | |
| Trauma CT C-spine* | | | | |

*Name:*
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| | | | | |
|---|---|---|---|---|
| Other (specify) | | | | |
| *During the day, these studies are read in neuroradiology, not the ER reading room. | | | | |
| ***PEDIATRIC RADIOLOGY*** | | | | |
| Fluoro study (specify) | UGI<br>Swallow<br>VCUG<br>Enema | | | |
| CXR | | | | |
| Abdominal radiograph | | | | |
| Extremity radiograph | | | | |
| CT or MRI (specify) | | | | |
| Other (specify) | | | | |
| ***MUSCULOSKELETAL/ORTHO (MSK)*** | | | | |
| Hand radiograph | | | | |
| Foot radiograph | | | | |
| LE (femur or tib/fib) radiograph | | | | |
| UE (humerus or forearm) radiograph | | | | |
| Spine radiographs | | | | |
| Knee MRI | | | | |
| MR (other, specify) | | | | |
| Extremity CT (specify) | | | | |
| Other (specify) | | | | |
| ***IMAGE ACQUISITION (BE PRESENT DURING THE ACTUAL IMAGING)*** | | | | |
| CT without IV contrast | | | -- | |
| CT with IV contrast | | | -- | |
| MRI brain | | | -- | |
| Chest radiograph | | | -- | |
| Extremity radiograph | | | -- | |
| Other (specify) | | | | |