

> Your clinic name here <

for Digital (CR) or (DR) imaging systems

Manufacturer >
 Model >
 Exposure # >

MONTH

Technique
 kVp maS SID 40"

Technologist Initials
Day of month >

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
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1 **cassette number >**

Max 220

Background 200

2 **Exposure #**

Min 180

Max 2

Noise

3 **Artifacts >**

0

High contrast sensitivity

4 **MESH >**
 large focus

60																																	
50																																	
40																																	
30																																	
20																																	

Low contrast sensitivity

5 **HOLES >**
 large focus

14																																	
13																																	
12																																	
11																																	
10																																	
9																																	