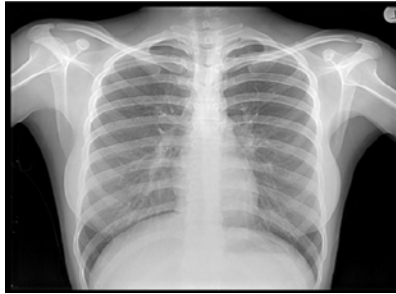


CHEST



CLINICAL DEMONSTRATION CHECKLIST

Instructions: Complete a total of at least five views, including the required exam (two views) plus any combination of required or elective views equaling five (minimum).

Student Name	Instructor	OBMI No.	Date	
	Patient Positioning	Image Receptor Orientation	Central Ray	Sign Off
CHEST (Required)				
PA Upright	_____	_____	_____	_____
Lateral Upright	_____	_____	_____	_____
CHEST (Elective)				
AP Supine	_____	_____	_____	_____
AP Upright	_____	_____	_____	_____
Lateral Decubitus	_____	_____	_____	_____
Posterior Oblique	_____	_____	_____	_____
Anterior Oblique	_____	_____	_____	_____
AP Lordotic	_____	_____	_____	_____