

# SKULL & SINUS



## CLINICAL DEMONSTRATION CHECKLIST

**Instructions:** Must complete a total of at least 15 views, including four required exams (11 views) plus an additional four views from either the required or elective list.

Student Name	Instructor	OBMI No.	Date
<b>Skull (Required)</b>			
PA Caldwell	_____	_____	_____
Lateral	_____	_____	_____
<b>Skull (Elective)</b>			
PA	_____	_____	_____
AP Axial (Towne)	_____	_____	_____
Submentovertical	_____	_____	_____
<b>Facial Bones (Required)</b>			
Parietoacanthial (Waters)	_____	_____	_____
PA (Caldwell)	_____	_____	_____
Lateral	_____	_____	_____
<b>Facial Bones (Elective)</b>			
PA (Modified Waters)	_____	_____	_____

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	Student Name	Instructor	OBMI No.	Date
	<b>Patient Positioning</b>	<b>Image Receptor Orientation</b>	<b>Central Ray</b>	<b>Sign Off</b>
<b>Mandible (Elective)</b>				
PA (Caldwell)	_____	_____	_____	_____
AP Axial (Towne)	_____	_____	_____	_____
Semi-Lateral	_____	_____	_____	_____
<b>Zygomatic Arches (Elective)</b>				
Parietoacanthial (Waters)	_____	_____	_____	_____
Submentovertical	_____	_____	_____	_____
<b>Nasal Bones (Required)</b>				
PA Caldwell	_____	_____	_____	_____
Parietoacanthial (Waters)	_____	_____	_____	_____
Laterals	_____	_____	_____	_____

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<div style="display: flex; justify-content: space-between;"> <span><b>Patient Positioning</b></span> <span><b>Image Receptor Orientation</b></span> <span><b>Central Ray</b></span> <span><b>Sign Off</b></span> </div>			
<b>Orbits (Elective)</b>			
PA (Caldwell)			
Parietoacanthial (Waters)			
Lateral			
<b>Paranasal Sinuses (Required)</b>			
PA Caldwell			
Parietoacanthial (Waters)			
Lateral			
<b>Paranasal Sinuses (Elective)</b>			
Submentovertical			
Open Mouth (Waters)			