

Name: _____ Rotation: _____

Date: _____ Arrived: _____ Departed: _____

Exam	Patient's Accession/Case #	Level of Participation		Repeats Required?		Supervising RT Initials Required on Repeats
		Assisted	Unassisted	YES	NO	
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						

Exam	Patient's Accession/Case #	Level of Participation		Repeats Required?		Supervising RT Initials Required on Repeats
		Assisted	Unassisted	YES	NO	
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						

<u>TODAY'S TOTALS</u>	Assisted	Unassisted
ABDOMEN		
BONY THORAX		
CHEST		
EXTREMITIES – LOWER		
EXTREMITIES – UPPER		
GENERAL SPECIALS		
GI		
GU		
OR		
PEDIATRICS		
PELVIC GIRDLE		
PORTABLES		
SHOULDER GIRDLE		
SKULL		
TRAUMA		
VERTEBRAL COLUMN		
ANGIO/CATH LAB		
CT		
MRI		
MAMMOGRAPHY		
US/NUC MED/RAD THERAPY		

I verify that this student either completed or assisted in the exams listed on this daily log.

Clinical Instructor's Name (Print): _____

Clinical Instructor's Signature: _____

Date: _____