





**5. DAP VALUES** (units: .....)

FLUORO : \_\_\_\_\_ Fluoroscopy Time (.....) : \_\_\_\_\_  
 CINE : \_\_\_\_\_ Total Frames Acquired : \_\_\_\_\_  
 TOTAL : \_\_\_\_\_

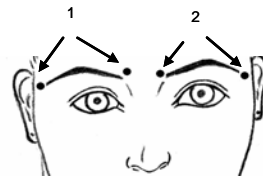
**6. OTHER REMARKS**

Body part irradiated : \_\_\_\_\_ Physician's Height : \_\_\_\_\_  
 Patient size (child / S / M / L) : \_\_\_\_\_ Complexity of procedure (Low / Medium / High) : \_\_\_\_\_  
 Physician's experience (Low / Medium / High) : \_\_\_\_\_ Physician's Dominant Hand (R / L / Both): \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7. TLDs – MEASURING POINTS - RESULTS**

TLD type : \_\_\_\_\_  
 Number of TLDs : \_\_\_\_\_

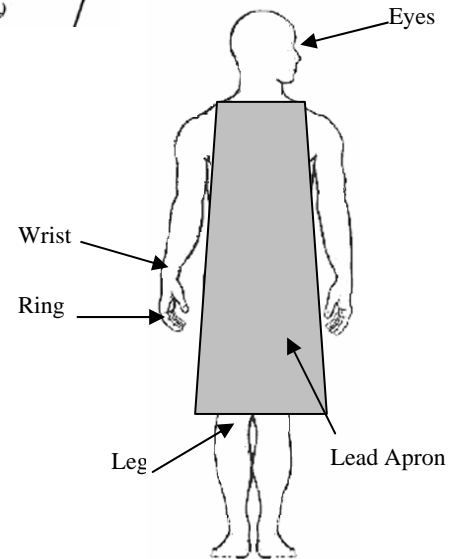


**TLD positions**

- 1. Ring finger <sup>5</sup>
- 2. Wrist <sup>6</sup>
- 3. Leg <sup>7</sup>
- 4. Eyes <sup>8</sup>

	Pellet No	
	R	L
1. Ring finger <sup>5</sup>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wrist <sup>6</sup>	<input type="checkbox"/>	<input type="checkbox"/>
3. Leg <sup>7</sup>	<input type="checkbox"/>	<input type="checkbox"/>
	Middle	R/L side
4. Eyes <sup>8</sup>	<input type="checkbox"/>	<input type="checkbox"/>

	Measured Dose (mSv)	
	R	L
1. Ring finger <sup>5</sup>	_____	_____
2. Wrist <sup>6</sup>	_____	_____
3. Leg <sup>7</sup>	_____	_____
	Middle	R/L side
4. Eyes <sup>8</sup>	_____	_____



<sup>5</sup> Outside surface of finger when the tube is above the table;  
 Inside surface of finger when the tube is below the table. (TLDs are stuck on MD's fingers)  
<sup>6</sup> Outside surface of wrist when the tube is above the table;  
 Inside surface of wrist when the tube is below the table.  
<sup>7</sup> Part of the leg not covered by lead apron  
<sup>8</sup> Two measuring points as shown on picture, under the lead glasses: ① if the tube is on the right side of the MD  
 ② if the tube is on the left side of the MD.