



Mammography Technologists Clinical Image Evaluation

Technologist Initials/Name: _____

Study Date _____ MR: _____

Radiologist: _____

Clinical Image Review Parameters

Positioning

- a. Inadequate amount of pectoral muscle on image (RMLO/LMLO)
- b. Inadequate IMF
- c. Poor visualization
- d. Skin folds
- e. Other

Compression

Exposure Level

Sharpness

- a. Motion

Contrast

Noise

Artifacts

Exam identification

Corrective Action Taken:

Technologist Comments:

Technologist Signature: _____

Supervisor Signature: _____

Date: _____