

Radiologist Image Quality Feedback Form

(For Quality Improvement)

FACILITY: _____

Reviewing Radiologist: _____

Image Review Date: _____

Procedure	This report is to be completed by an Interpreting Radiologist. The radiologists should complete this form as needed for each case. A system should be in place for analyzing feedback and taking measures for improvement as necessary.
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Objective To provide routine feedback on the quality of images performed by each active Radiology Technologist and images accepted for interpretation by each active Interpreting Physician.

Interpreting Physician (Original Reader) : _____ Patient Identifier: _____

Technologist's Name: _____ Date of Exam: _____

Overall Assessment

- Excellent
 Good
 Needs improvement, but do not repeat
 Sub-Optimal, and should be repeated

Image Evaluation

	RCC	LCC	RMLO	LMLO	Other View	Other View
Positioning						
Missing tissue						
Laterally						
Posteriorly						
Medially						
Inferiorly						
Nipple not in profile						
Skin fold						
Pectoralis not down to PNL						
Tissue droopy (camel nose)						
Narrow/concave pectoralis						
Inframammary fold						
Not open						
Not shown						
Centering not correct						
Technical Issues						
Not enough compression						
Exposure Too Low (Excessive Noise)						
Exposure Too High (Image Saturation)						
Patient Motion						
Artifacts						
Contrast						
Sharpness						
Noise						
Incorrect Patient ID						

Additional Images Needed for Complete Breast Evaluation:

Requested views
 RCC
 LCC
 RMLO
 LMLO
 Other View _____

Corrective Action Taken: (If Applicable -- Circle One)	Addendum in MRS	Addendum in Fluency/PACS
	Other (Provide Comments/Notes)	

Comments/Notes: _____