| **Unique Patient ID** | **Date** | **Procedure** | **Physician** | **Radiographer** | **Fluoroscopy time per exam (mins)** | **DAP per exam \* (Gy.cm2)** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*DAP (or other dose metrics) should be recorded where available