**REPEAT EXPOSURE ANALYSIS FORM**

From: \_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Cause** | Number of Films | Percentage of Repeats |
| 1. Positioning |  |  |
| 2. Patient Motion |  |  |
| 3. Light Films |  |  |
| 4. Dark Films |  |  |
| 5. Black Films |  |  |
| 6. Static |  |  |
| 7. Fog |  |  |
| 8. Incorrect Patient ID |  |  |
| 9. Double Exposure |  |  |
| 10. Good Films (No Apparent Problem) |  |  |
| 11. Clear Film |  |  |
| 12. Miscellaneous (Please specify the reason)  |  |  |

Total

|  |  |  |
| --- | --- | --- |
| Number of Repeats |  | % |

**Total Film Used**