



دانشگاه علوم پزشکی و خدمات
بهداشتی درمانی کاشان
دانشکده دندانپزشکی

Radiology Logbook

Name:

Date of Birth:

Address:

Contact no:

E-mail:

Nationality:

Academic Data: Graduation (BDS): year:

Signature

Name of trainee:

Signature of the trainee

Case Presentation

Topic	Date	Signature of supervisor

Quiz:

NO	Date	Topic	Grading (A,B,C,D)	Signature of supervisor
١				
٢				
٣				
٤				
٥				

X ray Interpretation:

NO	Type of X-Ray	Patient Name	Date	Grading (A,B,C,D)	Signature of supervisor
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

X-Ray Interpretation:

NO	Type of X-Ray	Patient Name	Date	Grading (A,B,C,D)	Signature of supervisor
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

X-Ray Interpretation:

NO	Type of X-Ray	Patient Name	Date	Grading (A,B,C,D)	Signature of Supervisor
٢١					
٢٢					
٢٣					
٢٤					
٢٥					
٢٦					
٢٧					
٢٨					
٢٩					
٣٠					

X-Ray Interpretation:

NO	Type of X-Ray	Patient Name	Date	Grading (A,B,C,D)	Signature of supervisor
٣١					
٣٢					
٣٣					
٣٤					
٣٥					
٣٦					
٣٧					
٣٨					
٣٩					
٤٠					

X-Ray Interpretation:

NO	Type of X-Ray	Patient Name	Date	Grading (A,B,C,D)	Signature of supervisor
٤١					
٤٢					
٤٣					
٤٤					
٤٥					
٤٦					
٤٧					
٤٨					
٤٩					
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