

EVDC Review Radioset Form

Code number:

Date reviewed:

Species:

Name of reviewer:

1. Are all teeth clearly visible?

Comments:

2. Are the radiographs mounted in labial presentation?

Comments:

3. Is there proper angulation - no foreshortening, elongation, or horizontal overlap?

4. Is there adequate isolation of all roots with 3 mm space around all apices?

Comments:

5. Are the processing techniques adequate (exposure, contrast, definition, lack of artefacts)?

Comments:

SUMMARY

Approved / Not approved

Date forwarded to the Chair of the Credentials Committee:

Submit the completed form via VetDentDMS by attaching this completed review report file within the document that is being reviewed. Name the file: **RadSetCODE_ YourLASTNAME_ Approved or Comments or Not Approved**

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