

Patient ID: _____ Date: _____

Operator Name: _____

Quality Analysis: Panoramic Radiograph

- | | |
|---|---|
| <input type="checkbox"/> Tongue not in contact with the hard palate | <input type="checkbox"/> Removable foreign bodies |
| <input type="checkbox"/> Too far forward | <input type="checkbox"/> Too far back |
| <input type="checkbox"/> Chin down | <input type="checkbox"/> Chin up |
| <input type="checkbox"/> Rotation: Right | <input type="checkbox"/> Rotation: Left |
| <input type="checkbox"/> Bite block absent | <input type="checkbox"/> Chin not recorded |
| <input type="checkbox"/> TMJs not recorded | <input type="checkbox"/> Hyoid superimposed over the mandible |
| <input type="checkbox"/> Motion of the jaws | <input type="checkbox"/> Motion of the tongue |
| <input type="checkbox"/> Motion of the hyoid | <input type="checkbox"/> Slumped position |
| <input type="checkbox"/> Overexposed (too dark) | <input type="checkbox"/> Underexposed (too light) |

Discrepancies of **film-based** panoramic radiograph:

- | | |
|--|---|
| <input type="checkbox"/> Static electricity | <input type="checkbox"/> Poor film-screen contact |
| <input type="checkbox"/> White light leakage | <input type="checkbox"/> Scratched/peeled emulsion |
| <input type="checkbox"/> Developer artifact (dark spots) | <input type="checkbox"/> Fixer artifact (white spots) |
| <input type="checkbox"/> Safe light fogging | <input type="checkbox"/> Patient ID Missing |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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