

**Mammography Evaluation Form - Physician's Review Form**

---

Reviewing Physician:   
 Facility Under Review:   
 Type of Review:   
 Film Identification:    
 Date of Images:   
 Type of submission:   
 Mammo unit identification:

Film Technique Factors

VIEW	kVp	mAs	Compression (mm)

Film type as stated by the facility under review:  (Fatty, Dense, or Choice)

Actual Breast Type as determined by the Clinical Image Reviewer

1- Fatty  3-Moderately Dense  
 2-Average  4-Dense

Fatty Enough for Evaluation? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Dense Enough for Evaluation? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*If "NO" Films will not be evaluated - No further review is required\*\*

---

**I. POSITIONING**

**MLO Views**

**Please circle the view(s) that had the deficiency.**

\*  Pectoral Muscle not well visualized or does not extend to or below the nipple line.

RMLO	LMLO	Both
------	------	------

Inframammary fold not open.

RMLO	LMLO	Both
------	------	------

\*  Low axilla not included.

RMLO	LMLO	Both
------	------	------

\*  Retroglandular fat not visible behind glandular tissue.

RMLO	LMLO	Both
------	------	------

Other.

RMLO	LMLO	Both
------	------	------

**I. POSITIONING (Continued)**

**Comments on the Positioning of the MLO Views**

**CC Views**

**Please circle the view(s) that had the deficiency.**

- Posterior Nipple line should not be less than 1.0 cm from MLO.  

RCC	LCC	Both
-----	-----	------
  
- \* All breast tissue not visualized (excluding the axillary tail).  

RCC	LCC	Both
-----	-----	------
  
- Nipple was not centered.  

RCC	LCC	Both
-----	-----	------
  
- Other.  

RCC	LCC	Both
-----	-----	------

**Comments on the Positioning of CC Views**

**General Positioning**

- Nipple not in profile on at least one view.
  
- Skin folds.
  
- Other body parts projected over the breast image.
  
- Other.

## I. POSITIONING (Continued)

### Comments on General Positioning

### Positive Aspects of Positioning (Bonus)

- Pectoral Muscle Visualized on the CC views.
- Excellent Patient Positioning by the Technologist.

### Most likely causes of the positioning deficiencies.

- Inappropriate mammographic projections.
- Technologist's positioning technique.
- Unsuitable Mammographic Equipment.
- Wrong size recording system.
- Other.

---

## II. Compression

Please circle the view(s) with deficiency

\*  Poor separation of parenchymal densities.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

\*  Patient motion.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

Non-uniform exposure levels or detail.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

Other.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

## II. Compression (Continued)

### Most likely cause of compression deficiencies:

Undercompression by the technologist.

Unsuitable compression device.

Other.

### Comments on Compression

---

## III. Exposure

Overexposed (dark/overpenetrated).

\* Underexposed (light)/underpenetrated).

Other.

### Most likely cause of exposure deficiencies

Improper manual timing.

Improper technique factors.

Inadequate film processing (over-or-underdeveloped).

Other.

### Comments on Exposure

#### IV. Spatial Resolution/Sharpness

Please circle the view(s) with deficiency

\*  Poor delineation of linear structures.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

\*  Poor delineation of tissue margins.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

\*  Poor delineation of microcalcifications.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

Other.

RMLO	LMLO	LCC	RCC
------	------	-----	-----

#### Most likely cause of exposure deficiencies

Undercompression.

Screen/film-screen contact.

Motion Blur.

Other.

#### Comments on Spatial Resolution/Sharpness

---

#### V. Contrast

\*  Inadequate contrast ("gray", "flat", "low contrast").

Other.

#### Most likely cause of contrast deficiencies

Improper tube kVp.

Film printing or film development.

Excessive Scatter.

**V. Contrast (Continued)**

**Comments on Contrast**

---

**VI. Noise**

- \*  Visually striking mottle pattern. (n/a for digital films)
- \*  Noise-limited microcalcification detection.
- \*  Noise-limited tissue characterization.
- \*  Other.

**Comments on Noise**

---

**VII. Artifacts**

- \*  Roller Marks/ Printer artifacts
- Scratches.
- Lint.

**Please circle the view(s) with deficiency**

RMLO	LMLO	LCC	RCC
------	------	-----	-----

RMLO	LMLO	LCC	RCC
------	------	-----	-----

RMLO	LMLO	LCC	RCC
------	------	-----	-----

## Overall Film Quality

**Pass**

A deficiency in any single aspect denoted by an asterisk (\*) will be sufficient Cause for failing the patient image quality review. Three or more deficiencies In any other aspect is also cause for failure.

**Fail**

*If the images fail, please choose one of the following:*

**Images fail, but are of diagnostic quality**

**Images fail to the extent that there is potential to adversely affect diagnostic capacity of images produced at this facility.**

**Suspicion of pathology: Please review the film quality as usual**

**Additional comments regarding the clinical image review/suspected pathology:**

Reviewing Physician's Signature:

---

Name Printed or typed:

---

Date of Review:

---