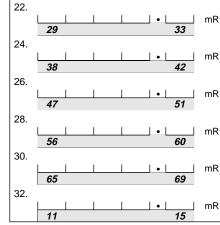


(Use Form FDA 2782, Field Test Record Continuation, if more space is needed.)

MR

REGIONAL REVIEW (NAME)

Reproducibility (Continued)



mΑ

\_\_\_\_ mR 33

41

49

54

mR

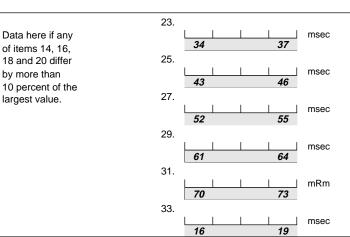
mR

mR

22

If change in mA causes a kVp shift, readjust

kVp (if possible) to value selected at item 4



# Linearity 34.

above.

35.

36.

37.

38.

20

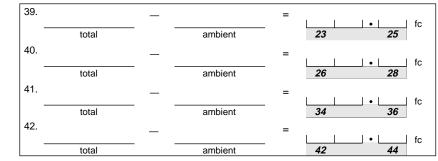
29

37

45

50

## Illuminance (uncorrected; SID = 42.5" (106cm))



### X-Ray Field/Light Field Alignment:



#### Minimum Source To Skin Distance



## Standby Radiation: (Capacitor discharge equipment only)

46. <b>62 66</b> mR	47. <b>67</b> min	68 69
REMARKS		

12