

Appendix 5a – feedback form

RR Name_____

Date of review _____

N° of cases_____

Review undertaken by_____

RR is achieving the level of competence expected YES/NO

<u>Feedback</u> – Please use the space below to offer constructive feedback to the radiographer on style/format of the report and any additional comments you may have with regards to the session

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Radiography Practitioners (Plain film)		
Produced by: Consultant Radiographer	Page 16 of 21	Review Date: November 2024