

Your
Hospital's
Logo
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PATIENT TRANSPORTATION INFORMATION

RADIOLOGY DEPARTMENT

DATE:	PATIENT NAME:	ROOM #:
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EXAMINATION STATUS:

- COMPLETED
- NOT COMPLETED because *(check reason below)*
 - Barium in Colon
 - Patient Refused
 - Patient Not Prepped
 - Patient Unable to Cooperate

- PATIENT RETURNING**
(answer the following questions)

Patient RETURN DATE:	Patient RETURN TIME: (Military Time)
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- PATIENT NOT RETURNING**

PATIENT DIET:

- NPO
- CLEAR LIQUIDS ONLY
- RESUME ORDERED DIET