

Your  
Hospital's  
Logo  
Here

# X-RAY WET READING

by E.D. ATTENDING PHYSICIANS

TIME Arrived in X-Ray: (Military Time)	TIME Returned to E.D. (Military Time)
PATIENT NAME:	DATE:
E.D. ATTENDING:	

## X - R A Y

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E.D. PHYSICIAN SIGNATURE
--------------------------