Date	Time	ALL PROGRESS NOTES MUST BE SIGNED WITH DATE AND TIME
		INTERVENTIONAL RADIOLOGY POST PROCEDURE NOTE
		HISTORY:
		PROCEDURE:
		PHYSICIAN(S):
		ASA CLASSIFICATION:
		MEDICATIONS:
		CONTRAST:
		COMPLICATIONS:
		FLUOROSCOPY TIME:
		PATIENT CONDITION:
		PRELIMINARY REPORT:
		ALL PROGRESS NOTES MUST BE SIGNED WITH DATE AND TIME

DO NOT WRITE ON REVERSE SIDE

PROGRESS NOTES

Patient Label