Date/Time:

STUDY REQUESTED			
☐ CXR (PA/Lat) ☐ pCXR ☐ Abd Series ☐ KUB ☐ C-spine Cross Table ☐ Portable ☐ C-spine Series ☐ LS Spine ☐ T Spine ☐ Pelvis ☐ Hip R / L	☐ Soft Tissue Neck ☐ Hand R/L ☐ Wrist R/L ☐ Forearm R/L ☐ Elbow R/L ☐ Humerus R/L ☐ Shoulder R/L ☐ Clavicle R/L ☐ Femur R/L ☐ Knee R/L ☐ Tib/Fib R/L ☐ Foot R/L ☐ Ankle R/L	☐ CT - Head ☐ CT - Appy Abd / Pelvic Contrast: None / IV / PO / Both ☐ V/Q Scan ☐ Sono - RUQ / Abd / Pelvic / Appy / Renal ☐ Testicular Scan / Doppler	☐ Other:

EMERGENCY PHYSICIAN'S COMMENTS:

Signs & Symptoms

- ☐ CP-Cardiac / Pleuritic / CHF ☐ SOB ☐ Fever
- ☐ Cough ☐ Wheezing
- ☐ Abd pain - RUQ / RLQ / Epigastric / LUQ / LLQ / Free air Obstruction / Vomiting / Diarrhea / Previous Surgery / Cancer ____________
- ☐ Flank pain - h/o stone R / L ____________
- ☐ Neck pain/Back pain - s/p MVA / Tender ____________
- ☐ Fall / Twisted - Tender ____________
- ☐ Crush injury - Tender ____________
- ☐ Struck - Tender ____________
- ☐ Foreign Body ____________

- ☐ Headache ☐ Weakness R / L ☐ Altered Mental Status
- ☐ Head Injury ☐ Vomiting
- ☐ Positive Pregnancy - Evaluate Ectopic / Fetus / Bleeding
  Quant BHCG__________ LMP__________
- ☐ Pelvic pain - Cyst / Torsion / TOA R / L
- ☐ Other:

EMERGENCY PHYSICIAN READING:

☐ Negative / NAD
☐ No Fracture
☐ Fracture
☐ Pneumonia / Infiltrate

L R L R R L

T = Tender

SIGNATURE EMERGENCY PHYSICIAN: Spectralink EXT

RADIOLOGISTS READING:	Location / Phone / Fax
	☐ Main ED / x6596 / 301-217-5206
	☐ Peds ED / x6610 / 240-453-5990
	☐ MITU / x6638 / 301-217-5108
	☐ MITU in Peds ED

☐ ***Please return Films to ED*** SIGNATURE RADIOLOGIST

DISCREPANCY REPORT: Time / Date: PA/ED Physician:

☐ Patient Called ☐ PMD Called	Action Taken:

HEALTHCARE
Hospital

EMERGENCY DEPARTMENT / RADIOLOGY PRELIMINARY REPORT

7210-101 Rev. 1/01