

** THIS IS YOUR ORIGINAL **

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TODAY'S DATE: _____

OFFICE HOURS: _____

RADIOLOGIC CONSULTATION REQUEST

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Patient _____ Age _____ Sex _____ Occup _____

Study submitted _____ Dated _____

(date of study and views on which you want a report)

Cervical template: wanted not wanted (include neut, flex, and ext views)

Complaint(s)

Pain _____

(character and amount; what region?)

Other significant symptom? _____

Duration of symptom(s) _____ Onset: sudden gradual

History

Any trauma? _____ Any surgery? _____

Anything **particularly noteworthy** in the history or physical exam that might be **applicable** to the radiologic interpretation? (Known local pathology, local signs of inflammation, neurological signs, visible deformity, etc., **(only if significant)**).

Any known systemic disease? _____

Any **significant** family history? _____

Is patient taking any medication? _____

Any relevant lab findings? _____

PARTICULAR QUESTION(S) ON THESE FILMS