

**RADIOGRAPHIC REQUEST AND REPORT
CSH-418**

This form must be imprinted with the client's stamp plate by unit personnel.

The requesting physician documents the request for x-ray on the Physician's Orders.

TOP HALF OF CSH-418

Requesting physician completes Section I by indicating a summary of the history and physical findings and should not list only a diagnosis.

Enter requesting physician's name and date.

MIDDLE OF FORM

Radiology personnel complete:

Previous x-ray _____ Yes _____ No

Date of last x-ray _____

BOTTOM OF FORM

Film # _____

BOTTOM HALF OF FORM

Radiologist completes the bottom half of the form with his/her interpretation of the x-ray. Interpretation should include, but is not limited to: Date x-ray was taken, findings, impressions, date dictated and date typed.

The Radiologist must sign the bottom half of the x-ray report CSH – 418.

Upon receiving results, the requesting physician should review, initial and date the form. If the requesting physician does not agree with recommendations made by radiologists, he/she should write an explanatory progress note.

If results require medication or special treatment, physician should order same on Physician's Orders and make progress note documentation on same.

SPECIAL INSTRUCTIONS:

The following must be included on the designated requests:

- a. IVP's.
Recent BUN.
Recent blood pressure.

STATE ALL CLIENT'S ALLERGIES

- b. IV Cholangiogram.
Recent serum bilirubin result.
Recent blood pressure.

STATE ALL CLIENT'S ALLERGIES

- c. Progress GI series or IVP'S.

d. Cardiac Series.

Clinical history.

Should be ordered by a Cardiologist.

e. Progress (non-routine) chest films.

Clinical history, i.e, temperature, coughing, expectorations, antibiotics, physical findings, results of tests for TB or mycosis or other important data in regard to client's condition for proper evaluation.

f. Progress flat and upright abdomen.

Clinical history, i.e., fever, vomiting degree of distention, bowel movements or not, enemas or not, etc.

g. Pregnant clients

Indicate on request if client is pregnant.

Note: Pregnant clients should not have any x-rays prior to 4th month unless an emergency. Routine chest requests should be ordered by obstetrician after he/she has seen the client.

DISTRIBUTION:

Original – Medical Record

Copy – Radiology Department

**CENTRAL STATE HOSPITAL
RADIOGRAPHIC REQUEST AND REPORT**

REQUEST

EXAMINATION REQUESTED:

SUMMARY OF PERTINENT HISTORY - PHYSICAL FINDINGS AND ALL PROVISIONAL DIAGNOSES:

REFERRING PHYSICIAN:

DATE:

REPORT

TECHNOLOGIST SIGNATURE

DATE

FILM NUMBER

CSH - 418 (Revised 12-2001)

Stamp Plate

