

Radiology Consultation

Doctor's Name & Address	Work Phone	
	Other Phone	
	Reference #	

Patient		Date		File	
Age		First visit on		Sex	
Date of X-Rays		X-Rays to view	14 x 17	7 x 17	8 x 10

Major complaint	
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Diagnosis	
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Area in question	
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Referring Doctor's Comments

Radiologist's Comments
