Standard Register ® ZIPSET®

STRONG HEALTH
HIGHLAND HOSPITAL

RADIOLOGIC CONSULTATION
HH **516H** MR

CHEST EXAMINATION

☐ Inpatient
☐ Outpatient
☐ ED
☐ ICU

NAME
MEDICAL RECORD #:
BIRTHDATE
PCP:

AREA TO BE EXAMINED / TYPE OF EXAMINATION

SCHEDULED DATE:

FLOOR

FOR EMERGENCY CONSULTATIONS
AFTER 4 PM MON. - FRI., SATURDAY, SUNDAY AND HOLIDAYS,
FAX TO STRONG MEMORIAL RADIOLOGY (585) 506-0062

DIAGNOSIS OR CLINICAL SUSPICION (REQUIRED)
Rule out diagnosis not acceptable

SEND PHYSICIAN'S PERSONAL COPY TO:
NAME: MD
FIRST LAST

ADDRESS
STREET CITY ZIP

HISTORY / CLINICAL INFORMATION (REQUIRED)

CLINICIAN SIGNATURE
ATTENDING/RESIDENT/NP/PA
BEEPER
RESIDENT

PATIENT POTENTIALLY PREGNANT? ☐ **NO** ☐ **YES IF YES, LMP**

BUN	**Creatinine**	**PRECAUTIONS**

FOR URGENT / EMERGENCY RESULTS MON. - FRI.
AFTER 5 PM & WEEKENDS, PLEASE INCLUDE FAX #.

FAX #:

CHECK ALL THAT APPLY (REQUIRED) **Diagnosis or Clinical Suspicion - Symptoms**

☐ Cough
☐ Fever
☐ Stridor
☐ Abnormal sputum
☐ Hemoptysis
☐ Abnormal chest sounds
☐ Dyspnea
☐ Noncardiac edema
☐ Chest pain
☐ Emphysema
☐ Pneumothorax
☐ ARDS
☐ Atelectasis
☐ Pneumonia-bacterial
☐ Pneumonia-aspiration
☐ Lung abscess
☐ Empyema
☐ Pulmonary embolism
☐ Pleural effusion
☐ Follow up nonspecific abnormal chest radiograph
☐ Respiratory Distress Syndrome
☐ Bronchopulmonary Dysplasia
☐ Pulmonary Interstitial Emphysema
☐ Meconium Aspiration
☐ Grunting/Flaring/Retraction
☐ Cystic Fibrosis

☐ Malignant neoplasm: specify ____________
☐ Respirator dependant
☐ Anemia
☐ Edema
☐ Palpitations/tachycardia
☐ Cardiac murmur
☐ Cardiac arrest
☐ S/P CABG
☐ S/P Aortic valve
☐ S/P Mitral valve
☐ S/P Pacer/AICD
☐ Postop wound infection
☐ S/P vascular cath insertion
☐ Coronary atherosclerosis
☐ Angina pectoris
☐ Acute MI
☐ CHF
☐ Mitral v. disease
☐ Aortic v. disease
☐ Hypertension
☐ Cardiomyopathy
☐ Cardiomegaly
☐ Pericarditis
☐ Dissection of aorta
☐ Acute renal failure

☐ Chronic renal failure
☐ Acute stroke
☐ Abdominal tenderness
☐ Ascites
☐ Bacteremia
☐ Dysphagia
☐ Cirrhosis
☐ Pancreatitis
☐ S/P Liver transplant
☐ S/P Kidney transplant
☐ S/P Bone marrow transplant
☐ Injury to trunk
☐ Pulmonary contusion
☐ Aortic trauma
☐ Traumatic shock
☐ Fx ribs
☐ Fx clavicle or scapula or sternum
☐ Fx C-spine
☐ Fx T-spine
☐ Fx L-spine
☐ Burns
☐ Concussion
☐ Cerebral laceration and contusion
☐ Subarachnoid, subdural, epidural
☐ Coma
☐ Convulsions
☐ Syncope and collapse

SPECIFIC INFORMATION DESIRED OR QUESTION TO BE ANSWERED:

CAUTIONS/RISKS:

PATIENT POTENTIALLY PREGNANT? ☐ No ☐ Yes IF YES, LMP

Report or Film Request: 585-341-6785

CHEST

Rev. 9/03

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