

BP-A0622  
JUN 10

**RADIOLOGIC CONSULTATION REQUEST/REPORT** CDFRM

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Patient Identification Name, Register Number, Institution	Age	Sex	Examination Requested
	Pregnant ___Yes ___No		
	Diabetic ___Yes ___No	Unit	
	Requested by	Date Requested	
Specific reason(s) for request (Complaints and findings)			
Date of Examination	Date of Report	Date of Transcription	Film#

Radiologic Report

Signature	Location of Radiologic Facility
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Original - Medical Record; Copy - Physician; Copy - Radiology