

JUL 99

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

(This form may be replicated via WP)

This form replaces BP-S622 dtd AUG 96