

DIAGNOSTIC IMAGING INTERPRETATION REQUISITION FORM

Referring doctor: _____

Date of birth: _____

Date of study: _____

Main complaint:

Localisation and evolution of the pain:

History of trauma? Yes No

Past medical history and known conditions? Yes No

Current medication? Yes No

Images to interpret:

What are your interrogations for this request?

Do you have a copy of the report? Yes No

Do you have more documents regarding the patient's condition? Yes No