Radiology Report

PATIENT INFORMATION

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____ Medical record number: _____

Referring physician: _____

Date of study: _____ dd / mm / yyyy Technique: _____

Clinical history / reason for exam

Imaging modality

Study area

Contrast

Radiation dose

Findings

Impressions

Recommendations

Radiologist's name: _____ Credentials: _____

License number: _____

Date: _____ dd / mm / yyyy Primary care physician's name: _____

Report distribution

Referring physician's name: _____

Other healthcare providers

CRITICAL FINDINGS COMMUNICATION

Communicated to: _____ Role: _____

Date: _____ dd / mm / yyyy Time: _____

Method (call, secure message, in person): _____

BEFORE YOU FINALIZE: SIGN-OFF CHECKLIST

- [ ] The clinical question in the history is answered in the impression.
- [ ] Every abnormal finding carries a measurement and a location.
- [ ] Findings hold no interpretation, and the impression adds no new finding.
- [ ] Any RADS category matches the finding it describes.
- [ ] Technique names the modality, the contrast, and any protocol change.
- [ ] Critical findings were communicated directly, and the call is logged above.
- [ ] The report is signed, dated, and shows the reporting radiologist's credentials.

Notes