

**OKLAHOMA DEPARTMENT OF CORRECTIONS
RADIOGRAPHIC REPORT**

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|---|-----------------|-----------------------------|--|
| Examination Requested: Routine (Admission) Chest: <input type="checkbox"/> | | Facility Requesting Report: | |
| Other (Specify): | | | |
| No. of films: | Date Completed: | Requested BY: (Provider) | |

Pertinent Clinical History, Operations, Physical Findings, Provisional Diagnosis:

Radiographic Review:

To be reviewed by Radiologist: Yes No

Signature of Provider

Date

Radiographic Report:

Signature of Radiologist

Date

| | | | |
|---------------------------------|-------|-----|--------|
| Offender Name: (Last, First) | DOC # | DOB | Gender |
|---------------------------------|-------|-----|--------|