

# Radiology Report

<b>Patient information</b>	
Name	Date of birth
Gender	Medical record number
Referring physician	Date of study
<b>Clinical history</b>	
<b>Technique</b>	
Imaging modality	Study area
Contrast	Radiation dose
<b>Findings</b>	
<b>Impressions</b>	

**Recommendations**

Radiologist's name	Credentials
License number	Date
Primary care physician's name	Referring physician's name
Other healthcare providers	