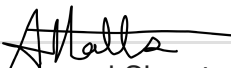


# V/Q Scan Test Report

<b>Patient information</b>	
Name	
Gender	Date of birth
Date of test	Medical record number
<b>Clinical history</b>	
<b>Procedure information</b>	
Study type	Radiopharmaceutical
Dose administered	Imaging equipment
<b>Test findings</b>	
Ventilation phase	
Perfusion phase	
Overall findings	

<b>Interpretation</b>	
<b>Recommendations</b>	
<b>Additional notes</b>	
<b>Provider's information</b>	
Ordering physician	Provider's NPI
Contact information	
	
Name and Signature	Date

*Attachments: Include any relevant images, diagrams, or supplementary documents related to the test, if applicable.*