

V/Q Scan Test Report

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

Interpretation	
Recommendations	
Additional notes	
Provider's information	
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.