

McLaren Flint
FLINT, MICHIGAN
SPECIAL RADIOLOGIC PROCEDURES

Date _____ Age _____

Preoperative Diagnosis:

Postoperative Diagnosis:

Procedure:

- Arteriogram — carotid
- femoral () right () left () bilateral
- retrograde brachial
- vertebral
- other; specify _____
- Myelogram
- Myelogram
- Aortogram
- Venogram; specify _____
- Other; specify _____ Inj _____
- Medication: Specify _____ Amount _____ Route _____ Time _____

Anesthesia:

Contrast Media: _____ cc. of _____

Condition of patient following procedure:

Comments:

_____ M.D.

