

CT Thorax Radiology Report

Patient Name: _____

Patient ID: _____

Date of Birth: _____

Gender: _____

Study Date: _____

Referring Physician: _____

Indication: _____

Technique

Findings

Lungs & Airways

Pleura & Chest Wall

Mediastinum & Hila

Heart & Great Vessels

Upper Abdomen

Other Findings

Impression

Reported by: _____

Date: _____