# Diagnostic Imaging

## Post Procedure Note

This form is to be completed on all interventional procedures.

<table>
<thead>
<tr>
<th>Date of Procedure:</th>
<th>In-patient</th>
<th>Out-patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-procedure diagnoses:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician:**

**Assistant(s):**

**Procedure Performed:**

**Findings:**

**IV Fluids:**

**Total Contrast:**

**Anesthesia Type:**

**By DR:**

**Blood Loss:**

**Specimens:**

**Devices/Drains/Catheters left in place:**

**Complications:**

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(M.D.)

(Physician Signature) | (Print Name) | (Pager)  
PILOT | | 01/2004