URGENT: CRITICAL RADIOLOGY RESULT

Date: [Insert Date]

Time of Finding: [Insert Time]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Medical Record Number: [Insert MRN]

Accession Number: [Insert Number]
Exam Type: [Insert Exam Name, e.g., CT Head Without Contrast]

CRITICAL FINDING:
[Insert clear, concise description of the emergency finding]

COMMUNICATION LOG:

- **Notified Provider:** [Insert Name of Referring Physician/Nurse]
- **Method of Notification:** [e.g., Phone/Pager/In-Person]
- **Communication Status:** [e.g., Direct verbal read-back confirmed]

RECOMMENDATIONS:
[Insert immediate clinical action required or follow-up imaging suggestions]

Reporting Radiologist: [Insert Name, MD/DO]
Contact Number: [Insert Direct Callback Number]
Department: Emergency Radiology