



Special Procedures Post-Procedure Follow-Up

Patient: test **Date of Procedure:** 14-Dec-06 9:31

Radiologists:
Attending Fellow

Nurse Practitioner Resident

Procedure: test

Results:

Immediate Complications:

Delayed Complications: No Yes (Please describe: hematoma [grade 2-4], blood pressure change, pulse change, renal failure, neurological deficit, cardiac abnormalities, etc.):

Day	Date	Time/Nurse	Vol. Irrigated (in ml)	Vol. Aspirated out (in ml)	Vol. Drained Into Bag	Highest Temp. or WBC	Character of Fluid and Comments
0	14-Dec-06						
1	15-Dec-06						
2	16-Dec-06						
3	17-Dec-06						
4	18-Dec-06						
5	19-Dec-06						
6	20-Dec-06						
7	21-Dec-06						
Totals							

Date of discharge from follow-u

Room

TEST
MR#: 00000 000000100
DOB: 01/01/19 **AGE** 02 Years
DOE: 12/14/06

Patient discharged prior to follow-up

0000000000100