

RapidSound, Inc / Green Valley Imaging  
450 W Continental Rd  
Green Valley, AZ 85622  
520.625.7670

CHEST and/or ABDOMEN and PELVIS  
Please fill out completely

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: M F

What is the reason for your examination? \_\_\_\_\_  
\_\_\_\_\_

Have you previously had a CT or MRI of the chest, abdomen or pelvis? Y N

If yes: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Facility: \_\_\_\_\_

Of what body part(s) (circle all that apply): Chest / Abdomen / Pelvis

Have you previously had an x-ray study of the chest, abdomen or pelvis? Y N

If yes: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Facility: \_\_\_\_\_

PAST SURGICAL OPERATIONS

Chest: Lung biopsy \_\_\_\_\_ Results: \_\_\_\_\_

Date(s): \_\_\_\_\_ Other Surgeries: \_\_\_\_\_

Abdominal: Gallbladder \_\_\_\_\_ Appendix \_\_\_\_\_

Date(s): \_\_\_\_\_ Other Surgeries: \_\_\_\_\_

Pelvic: Hysterectomy \_\_\_\_\_ Hyst Complete \_\_\_\_\_

Date(s): \_\_\_\_\_ Other Surgeries: \_\_\_\_\_

Diagnosed with Cancer: Y N Diagnosed when: \_\_\_\_/\_\_\_\_/\_\_\_\_

TREATMENT DATE(S)

Chemo: \_\_\_\_\_

Radiation: \_\_\_\_\_

Surgery: \_\_\_\_\_

Has it metastasized (spread distantly) or locally invaded? Y N