



FAX COVER SHEET

TO: _____ FROM: _____

COMPANY: _____ COMPANY: East Montgomery Imaging CenterDATE: _____ TELEPHONE #: 334-277-1210FAX #: 244 3396

TOTAL # OF PAGES: _____

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 2COMMENTS: C Carlson 1-8-65

This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any possession, disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction.

Baptist Health personnel should always include a telephone contact number in the space above.

Cerner Imaging Exam Report

Facility: Baptist East

Patient Name: **CARLSON, CHRISTINE A**MRN: **E000188725**FIN: **E2019100947**Patient Type: **ECT**Accession No: **DX-20-0096591**Exam Date/Time: **07/09/2020 12:33**Ordering Physician: **No, PCP**Resident: **B37158 -Wilhite, Tessa X**Interpreting Physician: **Thorington, Lauren W, DO**Reason for Exam: **cough sob pending covid test**DOB/Age/Sex: **1/8/1965 55 Years Female**Location: **E-East Imaging//**Exam: **DX Chest 2 View**Exam Status: **Completed**

Transcriptionist:

Report Status: **Final**

Transcribed Date/Time:

Report**CARLSON, CHRISTINE A****EXAM:****DX CHEST 2 VIEW****HISTORY:****cough-sob-pending-covid-test.****COMPARISON:****No comparisons****FINDINGS:****The lungs are clear. There is no pleural effusion or pneumothorax seen. The heart size is normal. No abnormalities of the bony thorax are seen.****IMPRESSION:****No acute abnormality.****ELECTRONICALLY SIGNED BY: Thorington, Lauren W, DO****PHYSICIAN SIGNED DATE AND TIME 07/09/2020 13:36****TECHNOLOGIST: NGH******* END OF REPORT *****