

This is **NOT** an interpretation of the examination.
See patient dictated report for radiologist findings & impression.

INFANT HIP

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: _____
Tech/ext: _____
Date: _____

Right Hip: _____

Left Hip: _____

Hx: _____

TECH COMMENTS:

