

# Brown-Folse PACS, LLC

Technologist information sheet for fluoroscopy  
To be filled out and scanned for all patients

Patient Name \_\_\_\_\_

Patient ID \_\_\_\_\_ Accession# \_\_\_\_\_

Exam \_\_\_\_\_ Date \_\_\_\_\_

Esophageal reflux seen	_____ Yes	_____ No
Hiatal hernia seen	_____ Yes	_____ No
Persistent narrow area of esophagus	_____ Yes	_____ No
- If Yes, where _____		
Delayed emptying of esophagus	_____ Yes	_____ No
Delayed emptying of stomach	_____ Yes	_____ No
Any evidence of ulcer	_____ Yes	_____ No
Any evidence of mass	_____ Yes	_____ No
Any areas of concern in colon exam	_____ Yes	_____ No

Please explain any "yes" answers or give comments:

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Tech Signature: \_\_\_\_\_

To be used to provide additional information for the Radiologists only,  
not intended to provide interpretation or diagnosis.