



Lung history and chest

Chest X-ray or CT Scan

Date and Time: _____

- Atelectasis no left right left and right
- Pneumonia no left right left and right
- Pneumothorax no left right left and right
- Pleura effusion no left right left and right
- Contusion no left right left and right
- Infiltration no left right left and right
- Nodule/mass no left right left and right

Radiologist: _____

CT scan

Date and Time: _____

Main findings: _____

Radiologist: _____

Bronchoscopy

- Secretion: purulent yes no Hemorrhagic yes no Other: yes no
- Mucosa inflammatory yes no Hemorrhagic yes no ulceration yes no
- Bronchial rupture no left right left and right
- Cytology yes no
- Bacteriology yes no

Anomalies: _____

Other: _____

Comment: _____

Specialist: _____

Phonenumber: _____

WICHTIG: Diese Angaben ersetzen keinen zeitnahen schriftlichen Befund in der Patientenakte.

Bei Rückfragen gerne unter 044 255 22 22 melden