

****VQ Scan Correspondence Template****

****Patient Information:****

- Name: [Patient's Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]
- Date of Exam: [Exam Date]

****Referring Physician:****

- Name: [Referring Physician's Name]
- Contact Information: [Phone/Email]

****Scan Details:****

- Type of Scan: VQ (Ventilation-Perfusion) Scan
- Indication for Exam: [Clinical Indication]
- Procedure Technique:
 - Ventilation part: [Details of ventilation imaging]
 - Perfusion part: [Details of perfusion imaging]

****Findings:****

- Ventilation: [Describe ventilation findings]
- Perfusion: [Describe perfusion findings]
- Summary: [Interpretation of findings, e.g., presence of mismatched defects, likelihood of PE]

****Conclusion:****

- [Final thoughts, impression regarding the likelihood of vascular obstruction or condition]

****Recommendations:****

- [Recommendations based on findings, if any]

****Signature:****

- Radiologist Name: [Radiologist's Name]
- Date of Report: [Report Date]

****Attachments:****

- [List of any images or additional documents included]
