

Chest Radiograph

Patient information

Patient name:

Age:

Date:

Examiner:

Technical information

Radiograph type:

Machine used:

Radiation dose:

Clinical information

Reason for exam:

Relevant history:

Findings

1. Lungs and pleura:

2. Heart and mediastinum:

3. Bones:

4. Diaphragm and sinuses:

5. Soft tissues and other findings:

Impression

Recommendation

Additional notes

Healthcare professional's information

Name:

License number:

Contact number:

Signature: