



_____ DIVISION

REPORT ON X-RAY (PLAIN) OF GENITO URINARY TRACT KUB AREA

(N.B.: Take two Skiagrams: Kidneys, Ureters, Bladder and Prostrate)

Proposal No. _____ Name of the life to be assured _____ Age. _____ Years

(1) **KIDNEYS :**
 Outlines _____ Size _____
 Position _____ Calculi _____
 Calcification : _____
 Psoas Shadows _____

(2) **URETERS:**
 Calculi _____
 Calcification : _____
 Phleboliths _____

(3) **BLADDER: [Prostate (Male), uterus (Female)]**
 Calculi _____
 Calcification _____
 Phleboliths _____

ANY OTHER ABNORMALITIES :

CONCLUSIONS :

Dated at _____ on the _____ day of _____ 20 _____

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Radiologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
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