REPORT ON X-RAY OF CAECUM AND COLON (BARIUM ENEMA)

Proposal No. ____________ Name of the Life to be Assured ______________________________ Age _________ Years

(1) CAECUM AND COLON (BARIUM ENEMA):

Size and length _______________________________________________________
Position _______________________________________________________
Mobility __________________________________________________________
Contours _________________________________________________________
Filling Defect ______________________________________________________
Mucosal Pattern ____________________________________________________
Peristalsis __________________________________________________________
Naustra ____________________________________________________________
Tenderness _________________________________________________________
Any obstruction _____________________________________________________
Any palpable mass or diverticulosis ___________________________________
Any other abnormality ______________________________________________

CONCLUSIONS:

_________________________________________________________________________

Dated at ______________________ on the __________________________ day of ______________ 20 __________

____________________________
Signature of the Life to be Assured

____________________________
Signature of the Introducer:
(Agent / Development Officer)
Name : ___________________
Code No. __________________

I Certify that the proposer / LA has put his /her Signature alongside in my presence

____________________________
Signature of the Radiologist
Name: ___________________
Address: ___________________
Qualification: ______________
Code No. ___________________