REPORT OF CHOLECYSTOGRAPHY
Oral Method

N.B. : Take Five Skiagrams as Follows :
Skiagram 1. Plain gallbladder.
Skiagram 2. 15 to 16 minutes after dye–prone.
Skiagram 3. 15 to 16 minutes after standing.
Skiagram 4. 20 to 30 minutes after fatty meal
Skiagram 5. 2 hours after fatty meal

Proposal No. ___________ Name of the Life to be Assured _________________________ Age ________ Years

(1) GALLBLADDER:
Concentration __________________________ Size and Position ______________________
Filling defect __________________________
Calculi (Radio-opaque & non Radio opaque)
Calcification __________________________ Emptying __________________________

(2) BILE DUCTS :
Size __________________________ Stasis __________________________
Any Calculi __________________________

(3) SCREENING :
Tenderness : __________________________
Mobility __________________________

(4) ANY OTHER ABNORMALITY:

(5) 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.: ___________________