



REPORT ON X-RAY OF CHEST (P.A. VIEW)

Zone: _____ Division : _____ Branch: _____
 Proposal No. _____
 Full Name of Life to be Assured: _____ Age / Sex _____

INSTRUCTIONS TO RADIOLIGIST:

- a. Film-focus distance should be 72 inches.
- b. Exposure time should not be longer than 1/10th second
- c. The x-ray plate should be taken in the vertical position of the patient in deep inspiration.
- d. The x-ray plate must bear name of the proposer, your initials and date.

Report:

1. Condition of Lungs and Pleura (Full details of abnormality if any, should be given)
2. Heart and Aorta.
 - a. Transverse diameter of heart. _____
 - b. Transverse diameter of Aortic Arch _____
 - c. Cardio-thoracic Ratio _____
 - d. Any changes, such as Arteriosclerotic changes and calcification of aorta etc. _____
3. Conclusions. _____

I declare that the person examined signed (affixed his /her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development Officer.

Dated at _____ on the _____ day of _____ 20 _____ at _____ am / pm

| | |
|---|--|
| <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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