

DANIEL POWERS, M.D.

B READER
AMERICAN BOARD OF RADIOLOGY CERTIFIED
CALIFORNIA MEDICAL LICENSE # G 34426

1A. DATE OF X-RAY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p style="text-align: center;">____ FILMS</p>	MONTH	DAY	YEAR				1B. FILM QUALITY ON PA VIEW 1 2 3 U/R <small>If Not Grade 1, Give Reason:</small> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Overexposed (dark)</td> <td><input type="checkbox"/> Rotation</td> <td><input type="checkbox"/> Underinflation</td> </tr> <tr> <td><input type="checkbox"/> Underexposed (light)</td> <td><input type="checkbox"/> Poor Contrast</td> <td><input type="checkbox"/> Mottle</td> </tr> <tr> <td><input type="checkbox"/> Lateral Chest Walls</td> <td><input type="checkbox"/> Poor Processing</td> <td><input type="checkbox"/> Scapulae</td> </tr> <tr> <td><input type="checkbox"/> Artifacts</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input type="checkbox"/> Underinflation	<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle	<input type="checkbox"/> Lateral Chest Walls	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae	<input type="checkbox"/> Artifacts			<input type="checkbox"/> Other _____			1C. IS FILM COMPLETELY NEGATIVE? YES <input type="checkbox"/> NO <input type="checkbox"/> PROCEED TO SECTION 2
MONTH	DAY	YEAR																					
<input type="checkbox"/> Overexposed (dark)	<input type="checkbox"/> Rotation	<input type="checkbox"/> Underinflation																					
<input type="checkbox"/> Underexposed (light)	<input type="checkbox"/> Poor Contrast	<input type="checkbox"/> Mottle																					
<input type="checkbox"/> Lateral Chest Walls	<input type="checkbox"/> Poor Processing	<input type="checkbox"/> Scapulae																					
<input type="checkbox"/> Artifacts																							
<input type="checkbox"/> Other _____																							

2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 2B and 2C NO PROCEED TO SECTION 3

2B. SMALL OPACITIES <table style="width:100%;"> <tr> <td style="width:30%;">a. SHAPE/SIZE</td> <td style="width:20%;">b. ZONES</td> <td style="width:50%;">c. PROFUSION</td> </tr> <tr> <td> <table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> </tr> <tr> <td style="text-align: center;">UPPER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">0/- 0/0 0/1</td> </tr> <tr> <td style="text-align: center;">MIDDLE</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">1/0 1/1 1/2</td> </tr> <tr> <td style="text-align: center;">LOWER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">2/1 2/2 2/3</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">3/2 3/3 3/+</td> </tr> </table> </td> <td style="width:40%; vertical-align: top;"> 2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A </td> </tr> </table>	a. SHAPE/SIZE	b. ZONES	c. PROFUSION	<table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> </tr> <tr> <td style="text-align: center;">UPPER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">0/- 0/0 0/1</td> </tr> <tr> <td style="text-align: center;">MIDDLE</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">1/0 1/1 1/2</td> </tr> <tr> <td style="text-align: center;">LOWER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">2/1 2/2 2/3</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">3/2 3/3 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u	<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u	UPPER	R L	0/- 0/0 0/1	MIDDLE	R L	1/0 1/1 1/2	LOWER	R L	2/1 2/2 2/3			3/2 3/3 3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A
a. SHAPE/SIZE	b. ZONES	c. PROFUSION																															
<table style="width:100%;"> <tr> <td style="width:50%;">PRIMARY</td> <td style="width:50%;">SECONDARY</td> </tr> <tr> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> <td> <table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table> </td> </tr> <tr> <td style="text-align: center;">UPPER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">0/- 0/0 0/1</td> </tr> <tr> <td style="text-align: center;">MIDDLE</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">1/0 1/1 1/2</td> </tr> <tr> <td style="text-align: center;">LOWER</td> <td style="text-align: center;">R L</td> <td style="text-align: center;">2/1 2/2 2/3</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">3/2 3/3 3/+</td> </tr> </table>	PRIMARY	SECONDARY	<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u	<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u	UPPER	R L	0/- 0/0 0/1	MIDDLE	R L	1/0 1/1 1/2	LOWER	R L	2/1 2/2 2/3			3/2 3/3 3/+	2C. LARGE OPACITIES SIZE <input type="checkbox"/> O <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C PROCEED TO SECTION 3A				
PRIMARY	SECONDARY																																
<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u	<table style="width:100%;"> <tr><td>p</td><td>s</td></tr> <tr><td>q</td><td>t</td></tr> <tr><td>r</td><td>u</td></tr> </table>	p	s	q	t	r	u																				
p	s																																
q	t																																
r	u																																
p	s																																
q	t																																
r	u																																
UPPER	R L	0/- 0/0 0/1																															
MIDDLE	R L	1/0 1/1 1/2																															
LOWER	R L	2/1 2/2 2/3																															
		3/2 3/3 3/+																															

3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES COMPLETE 3B, 3C, and 3D NO PROCEED TO SECTION 4

3B. PLEURAL PLAQUES (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c
Other site(s)	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

3C. COSTOPHRENIC ANGLE OBLITERATION R L PROCEED TO SECTION 3D NO PROCEED TO SECTION 4A

3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width)

Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)
In profile	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a
Face on	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b
			> 1/2 of lateral chest wall = 3	> 10 mm = c
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c

4A. ANY OTHER ABNORMALITIES? YES COMPLETE 4B, 4C, 4D, 4E NO

4B. OTHER SYMBOLS (OBLIGATORY)

O aa at ax bu ca cg cn co cp cv di ef em es fr hi ho id ih kl me pa pb pi px ra rp tb

Other diseases or significant abnormalities OD _____ Date Personal Physician or Worker Notified? _____

MONTH DAY YEAR

4C/D. OTHER COMMENTS _____

4E. SHOULD PERSON SEE PERSONAL PHYSICIAN BECAUSE OF FINDINGS IN SECTIONS 4B, 4C, 4D? YES NO (UNLESS CLINICALLY INDICATED)

- NO PLAIN RADIOGRAPHIC EVIDENCE FOR SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS AT THIS TIME.
- SMALL ROUNDED OPACITIES HAVING THE APPEARANCE AND DISTRIBUTION OF SIMPLE SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.
- SMALL ROUNDED AND LARGE OPACITIES HAVING THE APPEARANCE & DISTRIBUTION OF COMPLICATED SILICOSIS/COAL WORKER'S PNEUMOCONIOSIS.

DISCOVERY
DIAGNOSTICS INC.
6200 WILSHIRE BLVD. #1008, LOS ANGELES, CA 90048
(323) 933-5100 or (800) 222-6768